

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1449

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY OR TOWN Joplin	
c. LENGTH OF TIME (In this place) All life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2427 Main St.		e. STREET ADDRESS (If rural, give location) 2427 Main St. 0495	
3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Warren c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 1-7-1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 4-1874
9. AGE (In years last birthday) 80		9. AGE (If under 1 year) Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and State or Foreign Country) Joplin, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME G. Warren	13b. MOTHER'S MAIDEN NAME Cynthia Pirtle
14. NAME OF HUSBAND OR WIFE Edward E. Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mabelle Barnard 2427 1/2 Main		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of the uterus</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the uterus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		174X	
22. I hereby certify that I attended the deceased from 8-18-50, 19__, to 1-7-55, 19__, that I last saw the deceased alive on 1-5-55, 19__, and that death occurred at 5:00 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS 321 Frisco Building, Joplin, Missouri	
23c. DATE SIGNED 1-7-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-10-55		24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cem. Carl Junction, Mo.	
24d. LOCATION (City, town, or county) (State) Joplin, Mo.		DATE REC'D BY LOCAL REG. 1-10-55	
REGISTRAR'S SIGNATURE Ed. B. James 138-0		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Myrta Selva Lampkin or Thambell-Dallon Joplin, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed JAN 17 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *William E. Hendricks*

Licensed Embalmer No. *477*

P. O. Address *Joplin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.