

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3673**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Nevada		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital				f. STREET ADDRESS (If rural, give location) 241 N Pine 1082			
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) MAE c. (Last) MILAM			4. DATE OF DEATH (Month) (Day) (Year) February 10 1955				
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH July 25, 1880	
9. AGE (In years last birthday) 74		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Lafayette, Indiana	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Thomas J. Slaw		13b. MOTHER'S MAIDEN NAME Indiana Lewis		14. NAME OF HUSBAND OR WIFE Robert A. Milam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS Ollie Huffstetter, #241 No. Pine St. Nevada, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 8 hours
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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 29 , 19 55 , to 2-10 , 19 55 , that I last saw the deceased alive on 2-10 , 19 55 , and that death occurred at 6 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. E. Morris, M.D.				23b. ADDRESS Nevada, Mo.		23c. DATE SIGNED 2-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb 12, 1955		24c. NAME OF CEMETERY OR CREMATORY Nevada Burial Park		24d. LOCATION (City, town, or county) (State) Nevada Missouri	
DATE REC'D BY LOCAL REG. 2-11-55		REGISTRAR'S SIGNATURE Anna E. Felley		25. FUNERAL DIRECTOR'S SIGNATURE Henry Samuel Hens		ADDRESS Nevada, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *B. J. Lindley*.....
Licensed Embalmer No. *480*

P. O. Address *Levasseur, N.*

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.