

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7843

State File No.

FILED MAR 28 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION 2027 N. Rogers		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 2027 N. Rogers		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) CYNTHIA	b. (Middle) JANE	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) MARCH 22, 1955
-------------------------------------	---------------------------	-------------------------	-------------------------	-------------------------------------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12 July 1868	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	Min.
----------------------	-------------------------------	-----------------------------------------------------------------------	--------------------------------------	-------------------------------------------	------------------------	----------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--------------------------------------------------------------------------------------------------------------	--------------------------------------------------	--------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME Presley Edwards	13b. MOTHER'S MAIDEN NAME Welch	14. NAME OF HUSBAND OR WIFE Deceased
-------------------------------------------	----------------------------------------	---------------------------------------------

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. No	17. INFORMANT'S SIGNATURE OR NAME Ernest Miller	ADDRESS Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)	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 50, 1950, to March 22, 1955, that I last saw the deceased alive on March 21, 1955, and that death occurred at 7:55 a. m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Kenneth C. Coffey M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 3-23-55
---------------------------------------------------------------	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-24-55	24c. NAME OF CEMETERY OR CREMATORY Timber Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Webster County, Missouri
---------------------------------------------------------	--------------------------	-----------------------------------------------------------------	-------------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 3-23-55	REGISTRAR'S SIGNATURE John Williams	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co	ADDRESS Springfield, Mo
-----------------------------------------	--------------------------------------------	-----------------------------------------------------------------	--------------------------------

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

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *Ogle Stone Jr*

Licensed Embalmer No. *412*

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (1
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.