

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Henry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton c. LENGTH OF STAY (In this place) 20 Years
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton 0922

d. FULL NAME OF HOSPITAL OR INSTITUTION 928 North Water (at Home) d. STREET ADDRESS (If rural, give location) 928 N Water St

3. NAME OF DECEASED
a. (First) Mary Ann b. (Middle) Ann c. (Last) Eli 4. DATE OF DEATH Feb. 6 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 29, 1911 9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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 Housework 11. BIRTHPLACE (City and State or Foreign Country) St. Clair Co., Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Walter Miller 13b. MOTHER'S MAIDEN NAME Dunlap 14. NAME OF HUSBAND OR WIFE Ernest Eli

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (Specify or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Ernest Eli ADDRESS Clinton, Missouri

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarction INTERVAL BETWEEN ONSET AND DEATH 2 hrs
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary infarction 6 days ago
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. syphilis years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4201B 20. AUTOPSY? YES NO

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) 2 - 6 - 55 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on DDA, 19____, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Powell M.D. (Coroner) (Degree or title) 23b. ADDRESS Clinton Mo 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 9 1955 24c. NAME OF CEMETERY OR CREMATORY Englewood 24d. LOCATION (City, town, or county) (State) Clinton, Missouri Feb 9 1955

DATE REC'D BY LOCAL REG. Feb. 9 - 55 REGISTRAR'S SIGNATURE J. Florence 42 B. FUNERAL DIRECTOR'S SIGNATURE F. B. Crossley ADDRESS Clinton, Mo.

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

4221

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
Student Embalmer

Signed Eugene F. Guesalier

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo

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 this body is not embalmed, fact should be so stated above.