

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8556**

FILED MAR 22 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 100

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) OR TOWN JOPLIN		c. LENGTH OF STAY (In this place) 2 WKS	c. CITY OR TOWN CARTERVILLE
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		STREET ADDRESS (If rural, give location) 214 EAST MAIN	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) ELIZABETH "MOLLIE"	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) MARCH 10, 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JANUARY 13, 1859	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months 1 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN BURNSIDES	13b. MOTHER'S MAIDEN NAME JANE SIMMS	14. NAME OF HUSBAND OR WIFE JOHN MILLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MILLER SANDERS ADDRESS JOPLIN, MISSOURI
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		UNKNOWN
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIOVASCULAR RENAL DISEASE 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-12- 1955, to 3-10- 1955, that I last saw the deceased alive on 3-10- 1955, and that death occurred at 11:27A m., from the causes and on the date stated above.

23a. SIGNATURE <i>James Ferguson</i> (Degree or title)	23b. ADDRESS WEBB CITY, MISSOURI	23c. DATE SIGNED 3/11/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-12-1955	24c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 3-14-55	REGISTRAR'S SIGNATURE <i>Ed S. James</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. S. Hedge-Lewis</i> ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

County File Number
Date Filed
MAR 2 1955
22-3-195

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 *Henry Lewis R*
.....

Licensed Embalmer No. 456

P. O. Address *Wbl. et*

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.