

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19690

State File No.

FILED JUN 22 1955

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville,</u>		c. LENGTH OF STAY (In this place) <u>1 hr.</u>		c. CITY OR TOWN <u>Laquey</u>		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 <u>General Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0850</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u> b. (Middle) <u>Dianne</u> c. (Last) <u>Miller</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Oct. 11, 1946</u>	
9. AGE (In years last birthday) <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lecatur, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marion Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Hunet</u>		14. NAME OF HUSBAND OR WIFE <u>no</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Miller Laquey, Missouri</u>			
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 INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4343			
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) m.		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 <u>5-19-55</u> , 19__, to <u>6-7-55</u> , 19__, that I last saw the deceased alive on <u>6-16-55</u> , 19__, and that death occurred at <u>8:16a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>H. E. Nichols</u>				23b. ADDRESS <u>Waynesville, Mo.</u>		23c. DATE SIGNED <u>6-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-17-55</u>		REGISTRAR'S SIGNATURE <u>Paula Lynn Anderson</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Walter C. ...</u>		ADDRESS <u>Waynesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-17-55

Pulaski County Health Officer

File Number

Date Filed

6-18-55

JUN 24 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



Licensed Embalmer 46265.....

P. O. Address..... Iberia, La.

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.