

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19724

FILED JUN 17 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Clark</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		STREET ADDRESS (If rural, give location) <u>0881</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mildred</u>	b. (Middle)	c. (Last) <u>Miller</u>	(Month) <u>June</u>	(Day) <u>4<sup>th</sup></u>	(Year) <u>1955</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18<sup>th</sup> 1900</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 11 HRS.
				Months <u>54</u>	Days <u>11</u>	Hours <u>16</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Charles Abbelman</u>	13b. MOTHER'S MAIDEN NAME <u>Nannie Dutton</u>	14. NAME OF HUSBAND OR WIFE <u>Ralph Miller</u>
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15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Miller, Clark, Mo</u>	ADDRESS
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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, asthma, 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>Adverse Cx of Rt. Brain</u>		
	ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with general arteriosclerosis</u> DUE TO (c) <u>170X</u>		
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 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) (Min)	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 June 3, 1955, to June 4, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 7 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter Henry</u>	23b. ADDRESS <u>Moberly Mo.</u>	23c. DATE SIGNED <u>June 6 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-6-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset McGardens</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-6-55</u>	REGISTRAR'S SIGNATURE <u>Charles Lowe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u>	ADDRESS <u>Moberly, Mo</u>
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(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.....  
*Frank D. DeWitt*

Licensed Embalmer No.....  
*302*

P. O. Address.....  
*Moberle*

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