

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21075

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 204

| | | | |
|---|--|--|---------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0105</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Columbia,</u> | | c. LENGTH OF STAY (in this place) <u>18 yrs</u> | c. CITY OR TOWN <u>Columbia</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dumas Apt.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| STREET ADDRESS | | (If rural, give location) <u>University Avenue</u> | |

| | | | | |
|-------------------------------------|--------------------------|-----------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Minnie</u> | b. (Middle) <u>Gertrude</u> | c. (Last) <u>Miller</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6 1955</u> |
|-------------------------------------|--------------------------|-----------------------------|-------------------------|---|

| | | | | | | |
|----------------------|-------------------------------|--|-----------------------------------|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u> | 8. DATE OF BIRTH <u>Jan. 1883</u> | 9. AGE (In years last birthday) <u>72</u> | 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) <u>Practical Nurse</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Everett, Penna.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|--|---|---|---|

| | | |
|---------------------------------------|--|---|
| 13a. FATHER'S NAME <u>Rufus Riley</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma Morgan</u> | 14. NAME OF HUSBAND OR WIFE <u>A. P. Miller, Deceased</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. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Laura Clatterbuck, Columbia, Mo.</u> | ADDRESS _____ |
|--|-------------------------------|---|---------------|

| | | | |
|---|--|--|---|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>very short</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>4201</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 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 5/7/55, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11p m., from the causes and on the date stated above.

| | | |
|--|---------------------------------|--------------------------------|
| 23a. SIGNATURE <u>Lenny H. Sweed Jr</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>Columbia Mo</u> | 23c. DATE SIGNED <u>8/8/55</u> |
|--|---------------------------------|--------------------------------|

| | | | |
|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/10/1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u> | 24d. LOCATION (City, town, or county) (State) <u>Fulton, Missouri</u> |
|---|----------------------------|---|---|

| | | | | |
|--|---|------|---|------------------------------|
| DATE REC'D BY LOCAL REG <u>Aug. 8 1955</u> | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | 31-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Memorial Funeral Home</u> | ADDRESS <u>Columbia, Mo.</u> |
|--|---|------|---|------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 26 1958

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, [REDACTED], Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Lynard H. Sprinkle*

Licensed Embalmer No. *401*
P. O. Address *Columbia*

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.