

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25844

State File No.

FILED AUG 22 1955

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 723

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>9</u> No <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>616 E. Normal</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALDINE</u>	b. (Middle) <u>PATTERSON</u>	c. (Last) <u>MILLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 17, 1955</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>September 29, 1894</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>education</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Dr. W. P. Patterson</u>	13b. MOTHER'S MAIDEN NAME <u>May Blackman</u>	14. NAME OF HUSBAND OR WIFE <u>C. Emerson Miller</u>
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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>May Patterson</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pyelonephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Breast</u>		2 yrs	

19a. DATE OF OPERATION <u>Mar 14, 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of Breast</u>	20. AUTOPSY? YES <input checked="" 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)
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 Dec 14, 1954, to Aug 17, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. D. Callaway, Jr.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>8-17-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-19-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer-Jewell</u>	ADDRESS <u>E. Wendle, Springfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

Springfield, Missouri

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

0.300
0.48

AUG 1958

JUN 5 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bernard F. Wren*

Licensed Embalmer No. *4369*

P. O. Address *Spring*

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.