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FILED OCT 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28835

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 298

1. PLACE OF DEATH  
a. COUNTY Adair  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Adair

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville c. LENGTH OF STAY (In this place) 18 Mo.  
c. CITY OR TOWN Kirkville d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Anna-Still Memorial Home  
STREET ADDRESS (If rural, give location) 218 S. Osteopathy 00130

3. NAME OF DECEASED (Type or Print) a. (First) STACY b. (Middle) GROGAN c. (Last) MILLER  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 9 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIAGE STATUS (Specify) WIDOWED  
8. DATE OF BIRTH Sept. 14 1866 9. AGE (In years last birthday) 89 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) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY own home  
11. BIRTHPLACE (City and State or Foreign Country) Kirkville, Mo  
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John L. Porter 13b. MOTHER'S MAIDEN NAME Mary Elizabeth Ivie 14. NAME OF HUSBAND OR ~~WIFE~~ Frank C. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give year or dates of service) No  
16. SOCIAL SECURITY NO. None  
INFORMANT'S SIGNATURE OR NAME Paula Davi ADDRESS Kirkville Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Toxemia  
INTERVAL BETWEEN ONSET AND DEATH 3 days +  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving DUE TO (b) Carcinomatous  
rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) Carcinoma of Uterus  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 174X  
3 yrs +

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from March, 1954, to October 9, 1955, that I last saw the deceased alive on Oct. 9, 1955, and that death occurred at 10:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Winslow, D.D. 23b. ADDRESS Kirkville, Mo. 23c. DATE SIGNED 10/10/55

24a. PRIMARY CREMATION METHOD (Specify) Cremation 24b. DATE Oct. 12, 1955 24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer & Sons 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 10-10-55 REGISTRAR'S SIGNATURE Kate Lambert FUNERAL DIRECTOR'S SIGNATURE Yvonne Foster ADDRESS Kirkville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Donald E. Foster*.....  
Licensed Embalmer No. *474*.....

P. O. Address *Kirkville*.....

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.