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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29441**

FILED OCT 10 1955

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5451</u>		Registrar's No. <u>100</u>		
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry Wilson twp</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY OR TOWN <u>MO Stanberry R.R.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stanberry R.R.</u>				f. STREET ADDRESS (If rural, give location) <u>6 miles North of Stanberry</u>				
3. NAME OF DECEASED (Type or Print) <u>Mrs. Dora May Miller</u>			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH <u>Sept 27 1955</u>				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb. 26 1868</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		
13a. FATHER'S NAME <u>Milton Coffey</u>			13b. MOTHER'S MAIDEN NAME <u>Cynthia Nichols</u>			14. NAME OF HUSBAND OR WIFE <u>Lee Miller Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Miller, Stanberry, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</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) <u>Arterio-Sclerosis</u> <u>4221</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tester-Euberts</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 yr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1952</u> , 19 <u>52</u> , to <u>Sept 27, 1955</u> , that I last saw the deceased alive on <u>Sept 25, 1955</u> , and that death occurred at <u>1 A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. J. Milligan</u> (Degree or title) <u>D.D.</u>				23b. ADDRESS <u>Stanberry Mo</u>		23c. DATE SIGNED <u>9-28-55</u>		
24a. BURIAL CREMATION-REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jennings Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>North of Stanberry, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 3-1955</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanberry, Mo</u> ADDRESS _____				

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 emb

by me, ~~or by~~, ~~Student Embalmer No.~~.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Leroy F. Phillips*

Licensed Embalmer No... 18

P. O. Address *Shelton*

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