

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31941

FILED OCT 11 1955

State File No. ....

BIRTH NO. 61993-55 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>					
b. CITY OR TOWN <b>Marshall</b>		c. LENGTH OF STAY (in this place) <b>20 Min.</b>		c. CITY OR TOWN <b>Marshall</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7 East Eastwood</b>				e. STREET ADDRESS (If rural, give location) <b>I409 South Grant</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Linda</b>			b. (Middle) <b>Kay</b>		c. (Last) <b>Miller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 5, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Nevered married</b>		8. DATE OF BIRTH <b>Oct. 5, 1955</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 1 HR. Min. Hours Min. <b>120</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Marshall, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jesse T. Miller</b>			13b. MOTHER'S MAIDEN NAME <b>Della May Jolliff</b>			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jesse T. Miller, Marshall, Mo.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Rupture Amniotic Membranes 28th week -</u> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <u>malnutrition of mother</u> DUE TO (c) ----- II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <b>7615</b>				INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)			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>Oct 5, 1955</u> , to <u>Oct 5, 1955</u> , that I last saw the deceased alive on <u>10-5, 1955</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Geo. T. Nuckley D.O.</u>				23b. ADDRESS <u>Marshall Mo</u>			23c. DATE SIGNED <u>10-5-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 6, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Memorial Gardens, Marshall, Missouri</b>		24d. LOCATION (City, town, or county), (State)			
DATE REC'D BY LOCAL REG. <b>Oct 6-55</b>		REGISTRAR'S SIGNATURE <b>Cecil G. Deady Deputy</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis</b>		ADDRESS <b>Marshall, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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..

*This body was not embalmed*  
Signed *James H. Lewis Jr.*

Student.....  
Signature of Student Embalmer

Licensed Embalmer No. *47*  
P. O. Address *Marshall*

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