

FILED SEP 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32045

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6234 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>WARREN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a.-STATE <b>MISSOURI</b> b. COUNTY <b>WARREN</b>	
b. CITY OR TOWN <b>WRIGHT CITY</b>	c. LENGTH OF STAY (in this place) <b>3 yrs.</b>	c. CITY OR TOWN <b>WRIGHT CITY</b>	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 <b>(Elkhorn Hosp.)</b>		e. STREET ADDRESS (If rural, give location) <b>2 mi. E. of Warrenton (Elkhorn Hosp.)</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>SARAH</b>	b. (Middle) <b>ELIZABET</b>	c. (Last) <b>MILLER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 14, 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 18, 1867</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>FRANKLIN CO. MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>ANDREW BELL</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH F. Billups</b>	14. NAME OF HUSBAND OR WIFE <b>Elijah B. MILLER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONIE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. D.C. GOSNEY</b>	ADDRESS <b>WRIGHT CITY</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. Cardio Vascular Dis.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>443X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **9-12-55** to **9-14-55**, that I last saw the deceased alive on **9-12-55** and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. H. Eversmann M.D.</b>	23b. ADDRESS <b>Warrenton Mo</b>	23c. DATE SIGNED <b>9/14/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT. 17, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SPRING GARDEN</b>	24d. LOCATION (City, town, or county) (State) <b>EUGENE MO.</b>
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DATE REC'D BY LOCAL REG. <b>9-14-55</b>	REGISTRAR'S SIGNATURE <b>Floyd Logan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis D. Phillips</b>	ADDRESS <b>Collon, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 26 1957

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Louis D. Phillips*

Licensed Embalmer No.....

P. O. Address.....

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.