

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39549

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 380

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 16 hours	c. CITY OR TOWN Kirksville
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Grim-Smith Memorial Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 701 W Patterson St. 0013	

3. NAME OF DECEASED (Type or Print) Myrtle	b. (First) Edith	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) December 28, 1955
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 18, 1883
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hour	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. James Illinois	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Lippincott	13b. MOTHER'S MAIDEN NAME Sara Parker Lippincott	14. NAME OF HUSBAND OR WIFE Frank Miller
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Raymond Miller	ADDRESS Edina, Mo
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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)	Uremia		4 days
ANTECEDENT CAUSES	DUE TO (b) Chronic glomerulonephritis		2 yrs.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Arteriosclerotic heart disease		6 yrs.
II. OTHER SIGNIFICANT CONDITIONS	Bronchial asthma		20 yrs.
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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)
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 10-29, 1955, to 12-28, 1955, that I last saw the deceased alive on 12-27, 1955 and that death occurred at 7: A m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print)	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED 12-29-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 31 Dec 55	24c. NAME OF CEMETERY OR CREMATORY Linville Cemetery	24d. LOCATION (City, town, or county) (State) Edina, Mo
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DATE REC'D BY LOCAL REG. 1-3-56	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE A. R. Miller	ADDRESS Edina, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 22 1956

MAR 2 1956

MAR 5 1956

FEB 7 1956

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, ~~\_\_\_\_\_~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Mrs. J. W. Hudson*.....

Licensed Embalmer No. *297*

P. O. Address *Edina*.....

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.