

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7831

State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Vernon	
b. CITY OR TOWN Nevada		c. CITY OR TOWN Walker		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) 2 Days		e. STREET ADDRESS (If rural, give location) Rural Route			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Nevada City Hospital					

3. NAME OF DECEASED (Type or Print) Maggie			a. (First)			b. (Middle)			c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) February 16, 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 8, 1887			9. AGE (In years last birthday) 68		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				11. BIRTHPLACE (City and State or Foreign Country) Belleville, Pennsylvania				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Shem Kauffman			13b. MOTHER'S MAIDEN NAME Elizabeth Hooley			14. NAME OF HUSBAND OR WIFE Roy Miller					
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. 515-34-2840			17. INFORMANT'S SIGNATURE OR NAME Roy Miller, Walker, Missouri			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 40 hrs.	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident, acute							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease, unknown							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb 14, 1956, to Feb 16, 1956, that I last saw the deceased alive on Feb 15, 1956, and that death occurred at 5:40am., from the causes and on the date stated above.

23a. SIGNATURE James H. Hester M.D.			(Degree or title)			23b. ADDRESS Nevada Mo.			23c. DATE SIGNED Feb 17, 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb. 19, 1956		24c. NAME OF CEMETERY OR CREMATORY West Liberty			24d. LOCATION (City, town, or county) (State) Windom, Kansas				

DATE REC'D BY LOCAL REG. 2-18-1956		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Eichinger Funeral Home, Nevada, Mo.		ADDRESS	
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(Licensed Emballer'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 *Francis C. Marsh*.....

Licensed Embalmer No. *497*.....

P. O. Address *Nevada, 7*.....

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.