

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12110

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6198 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY TEXAS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY TEXAS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASS twp.		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CASS twp.		d. STREET ADDRESS (If rural, give location) 5 miles E. Calool
d. FULL NAME OF HOSPITAL OR INSTITUTION			1070		
3. NAME OF DECEASED a. (First) MARY (Type or Print)			b. (Middle) JULIA MILLER	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) 4-3-56
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) undowed	8. DATE OF BIRTH AUG. 10 - 1876	9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MONROE CO., KY.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME JACOB PARKER		13b. MOTHER'S MAIDEN NAME NAKEY		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. Miller, Calool, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 Day
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201				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) m.	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 April 3, 1956 to April 3, 1956 that I last saw the deceased alive on April 2, 1956 and that death occurred at 6:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. L. Franklin, M.D.			23b. ADDRESS Calool, Mo.		23c. DATE SIGNED 4/6/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-8-56	24c. NAME OF CEMETERY OR CREMATORY STEELEY CHAPEL	24d. LOCATION (City, town, or county) (State) EIK CREEK, MO.		
DATE REC'D BY LOCAL REG. 4-6-56	REGISTRAR'S SIGNATURE Gaynell Cunningham	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Elliot Stealy, Calool, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed James L. Gentry
Licensed Embalmer No. 4718
P. O. Address Calool, Mo.

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 this body is not embalmed, fact should be so stated above.