

STANDARD CERTIFICATE OF DEATH

16018

State File No.

FILED JUN 5 1956

BIRTH NO. REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4184 Registrar's No. 5-E

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Gentry 0380	
b. CITY (If outside corporate limits, write RURAL and give township) Albany 7		c. CITY OR TOWN Gentryville	d. 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 weeks		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Josephine's Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Sudie	b. (Middle) Ann	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) May 25 1956
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH July 4 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 10 Days 21	IF UNDER 24 HRS. Mln.
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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) Pattonsburg, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Louis Green	13b. MOTHER'S MAIDEN NAME Eliza Winger	14. NAME OF HUSBAND OR WIFE Stephen 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.	17. INFORMANT'S SIGNATURE OR NAME Isaac Miller	ADDRESS St Joseph, 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, asphyxia, 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) Coronary Thrombosis		6 hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic myocarditis	
DUE TO (c)		1 yr.	
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	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) 4201
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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?
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22. I hereby certify that I attended the deceased from May 16, 1954, to May 25, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. J. Pray, D.O. 2	23b. ADDRESS Albany, Mo.	23c. DATE SIGNED 5-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 28 1956	24c. NAME OF CEMETERY OR CREMATORY Fairview	24d. LOCATION (City, town, or county) (State) Gentry Co. Mo.
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DATE REC'D BY LOCAL REG. May 28 1956	REGISTRAR'S SIGNATURE Maude Williams	25. FUNERAL DIRECTOR'S SIGNATURE Clifford Cook	ADDRESS Albany, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

620

JUN 5 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, or by me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifford Brooks.....

Licensed Embalmer No.....332

P. O. Address...Albany,..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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.