

STANDARD CERTIFICATE OF DEATH

22551

State File No.

FILED JUN 26 1956

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Branson mo</u>		c. LENGTH OF STAY (In this place) <u>109d</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skagg Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmyth</u>	
		d. STREET ADDRESS (If rural, give location) <u>P.O. Box 1080</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet</u>		b. (Middle) <u>E.</u>	
		c. (Last) <u>Miller</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>6-9-56</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-29-1882</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Brookfield Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Hats Shop</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Tom S. Beeler</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline R. Witt</u>	
14. NAME OF HUSBAND OR WIFE <u>A.H. Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-36-9916</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>A.H. Miller</u>		ADDRESS <u>Farmyth Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Osteoarthritis</u> <u>Myocardial Infarct</u> <u>60 years</u> DUE TO (c) <u>Senile Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>V. Nephrosis</u> <u>Hypertension</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>331x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>May 29, 1956</u> , to <u>June 9, 1956</u> , that I last saw the deceased alive on <u>29th</u> day, 1956, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A.H. Miller</u>		23b. ADDRESS <u>Farmyth Mo</u>	
23c. DATE SIGNED <u>6-9-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-11-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>
DATE REC'D BY LOCAL REG. <u>6-14-56</u>	REGISTRAR'S SIGNATURE <u>Nelva Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Fohmeyer</u>	
		ADDRESS <u>Springfield Mo</u>	

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

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Minnie L. Wheelabel

Signed.....

Student Embalmer.....

Licensed Embalmer No.....

2277

P. O. Address.....

Branson 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.