

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24527**

|  |  |  |   |   |  |   |  |
|--|--|--|---|---|--|---|--|
| BIRTH NO.  |  | REG. DIST. NO. <b>231</b>  |   | PRIMARY REG. DIST. NO. <b>4873</b>  |  | Registrar's No. <b>183</b>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Nodaway</b>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Barnard</b>   |  | c. LENGTH OF STAY <b>30 yrs</b>  |   | c. CITY OR TOWN <b>Barnard</b>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>home near Barnard</b>   |  |  |   | e. STREET ADDRESS (If rural, give location) <b>0740</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Mary</b> b. (Middle) <b>Etta</b> c. (Last) <b>Miller</b>  |  |  | 4. DATE OF DEATH<br>(Month) <b>7</b> (Day) <b>28</b> (Year) <b>1956</b> |   |  |   |  |
| 5. SEX <b>female</b>   |  | 6. COLOR OR RACE <b>white</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>   |  | 8. DATE OF BIRTH <b>Aug 16, 1881</b>  |  |
| 9. AGE (In years last birthday) <b>74</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>home-own</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Bedford, Ia</b>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  | 13a. FATHER'S NAME <b>John Roe</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Jennie Larison</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Ira E Miller</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>  |  | 16. SOCIAL SECURITY NO. <b>unknown</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Roe Miller-Barnard, Mo</b> ADDRESS   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronal + cardiac atherosclerosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>generalized arteriosclerosis</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <b>334 x</b>  |   |   |  | 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 <b>Sept 19, 1956</b> to <b>July 28, 1956</b> , that I last saw the deceased alive on <b>July 26, 1956</b> and that death occurred at <b>6:00 a.m.</b> , from the causes and on the date stated above. |  |  |   |   |  |   |  |
| 23a. SIGNATURE <b>Chas. J. Humbert M.D.</b> (Degree of title)  |  |  |   | 23b. ADDRESS <b>Barnard Mo</b>  |  | 23c. DATE SIGNED <b>7/30/56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>  |  | 24b. DATE <b>7/30/1956</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Miriam Cemetery</b>   |  | 24d. LOCATION (City, town, or county) (State) <b>Maryville, Mo</b>  |  |
| DATE REC'D BY LOCAL REG. <b>8-4-56</b>   |  | REGISTRAR'S SIGNATURE <b>Bess Ivol</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Stehler</b> ADDRESS <b>Maryville Mo.</b>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

229  
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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..... *G. M. Allison*

Licensed Embalmer No..... *33*

P. O. Address..... *Maryville*

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.