No. 300
10.48

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

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24763

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4452 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY St. Clair
b. CITY OR TOWN Osceola
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Todd's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Clair
c. CITY OR TOWN Rural- Collins
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) Rural- Collins Township

3. NAME OF DECEASED (Type or Print)
a. (First) Hattie b. (Middle) Pearl c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) July 11, 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH March 26, 1899
9. AGE (In years last birthday) 67 — 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) Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Excelsior Springs Mo;
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Hope
13b. MOTHER'S MAIDEN NAME Julia Cravens
14. NAME OF HUSBAND OR WIFE R.Z. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME R.Z. Miller, Collins Missouri ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Cholecystitis - Gallstones - Typhoid Type 1 Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. acute Nephritis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-5, 1956, *to* 7-11, 1956, *that I last saw the deceased alive on* 7-11, 1956, *and that death occurred at* 9:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Osceola Mo.
23c. DATE SIGNED 7-13-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/14/56
24c. NAME OF CEMETERY OR CREMATORY Osceola
24d. LOCATION (City, town, or county) (State) Osceola Mo

DATE REC'D BY LOCAL REG. 7-19-56
REGISTRAR'S SIGNATURE [signature]
26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Goodrich Funeral Home Osceola Mo.

(Licensed Embalmer's Statement on Reverse Side)

288-0

AUG 24 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F B [illegible]

Licensed Embalmer No. 3038

P. O. Address Osceola [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu
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.