

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40306**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **4485** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Kelso Twp</b>	c. LENGTH OF STAY (In this place) <b>7 1/2 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Kelso Twp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home 1/2 Mi. N.E. of Illmo</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 Mi. N.E. of Illmo</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EMMA</b>	b. (Middle) <b>JOHANNA</b>	c. (Last) <b>MILLER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 29, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 31, 1897</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homeworks</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Kelso Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George Walter</b>	13b. MOTHER'S MAIDEN NAME <b>Augusta Sander</b>	14. NAME OF HUSBAND OR WIFE <b>Casper Miller</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Casper Miller</b>	ADDRESS <b>Rt 1 Illmo, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Angina pectoris</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>General Arteriosclerosis</b> 5 months DUE TO (c)		
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 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)
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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?
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22. I hereby certify that I attended the deceased from **April 20, 1956**, to **Oct. 28, 1956**, that I last saw the deceased alive on **Oct. 28, 1956**, and that death occurred at **12:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Fred W. Martin</b>	(Degree or title) <b>D. of Illmo, Mo</b>	23b. ADDRESS <b>Illmo, Mo</b>	23c. DATE SIGNED <b>10/30/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-31-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Eisenbuthera</b>	24d. LOCATION (City, town, or county) (State) <b>Illmo, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-5-56</b>	REGISTRAR'S SIGNATURE <b>Mrs Fred Bragley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bragley</b>	ADDRESS <b>Bragley Funeral Home Illmo, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

445  
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DATE RECEIVED NOV 13 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1156-<sup>241</sup>~~235~~

**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 Oliver O. Smith

Licensed Embalmer No. 4470

P. O. Address Idemo, 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.