

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42127**

FILED JAN 14 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **304** Registrar's No. **250**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Macon</b>	c. LENGTH OF STAY (in this place) <b>8 Hrs.</b>	c. CITY OR TOWN <b>Rural Eagle</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>Samaritan Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>RFD #3 Macon 0610</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mada</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Miller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 12, 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>Widowed</b>	8. DATE OF BIRTH <b>Dec. 21, 1885</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Macon County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Andrew Sager</b>	13b. MOTHER'S MAIDEN NAME <b>Cannie Smoot</b>	14. NAME OF HUSBAND OR WIFE <b>Dec.</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>no.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dorell Schwenk</b>	ADDRESS <b>Excels, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Lobar Pneumonia, Consolidant</b>			<b>1 wk</b>

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)
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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 **Dec 5, 1956**, to **Dec 12, 1956**, that I last saw the deceased alive on **Dec 12, 1956**, and that death occurred at **6:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James E. Campbell M.D.</b>	23b. ADDRESS <b>Macon, Mo.</b>	23c. DATE SIGNED <b>12/19/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 15, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ballinger Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Bevier, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12/2/56</b>	REGISTRAR'S SIGNATURE <b>Keith M. Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lester Hutton</b>	ADDRESS <b>Macon, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File No. 18-56, 208  
Date Filed 1.10.57

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..... Charles L. Hutton

Licensed Embalmer No. 457

P. O. Address..... Macon, Ga.

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.