THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3923

FILED FEB 19 1957 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY CALLAWAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL #1 — Length of stay in 1b 28 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SALINE
c. CITY OR TOWN MARSHALL 0952 0 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS NONE (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ANNA Middle MAY Last MILLER
4. DATE OF DEATH Month 2 Day 14 Year 57

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ MARRIED WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH 6-14-1889
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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (City and state or country) GILLAM, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME DOWAN JACKSON
14. MOTHER'S MAIDEN NAME ELIZABETH ROUSE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address STATE HOSPITAL #1, FULTON, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY OCCLUSION

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ STATE HOSPITAL #1
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. X attended the deceased from 12-31-28, to 2-14-57 ~~[illegible]~~ him
Death occurred at 2:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. C. ROBERTSON (Degree or title) R. C. Robertson M.D. 0
22b. ADDRESS STATE HOSPITAL #1, FULTON, MO.
22c. DATE SIGNED 2-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 16, 1957
23c. NAME OF CEMETERY OR CREMATORY Green Lawn
23d. LOCATION (City, town, or county) (State) Kansas City Mo.

24. FUNERAL DIRECTOR ADDRESS Muehlebach Fun. Home Kansas City Mo.
25. DATE RECD. BY LOCAL REG. Feb 16-1957
26. REGISTRAR'S SIGNATURE Maretta Lawrence

26 Muehlebach Fun Home (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Glen Y. Mayer

Licensed Embalmer No. 272

P. O. Address Fulton

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