

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7307

FILED MAR 11 1957

Registration District No. 359 Primary Registration District No. 4526 Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SHELDON</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>SHELDON 1080</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>W</u> Last <u>MILLER</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>5</u> Year <u>1957</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 8, 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>LAMAR MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>SAM MC CLEAIN</u>				14. MOTHER'S MAIDEN NAME <u>KATE LITTLE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>R. O. Gwente Sheldon Mo</u> Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemic Pneumonia</u> <u>by Peritonitis of Cerebral</u> <u>Paralysis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>3 P</u> <u>2 weeks</u>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>334.X</u>				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>NOV 29 56 to March 5 1957</u>			COUNTY <u>VERNON</u>
21. I attended the deceased from <u>Nov 29 56</u> to <u>March 5 1957</u> and last saw her alive on <u>March 5 1957</u> Death occurred at <u>home</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased's title) <u>Dr. R. B. Danner</u>				22b. ADDRESS <u>Peuco Springs Mo</u>		22c. DATE SIGNED <u>3-4-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>March 7, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW BETHEL</u>		23d. LOCATION (City, town, or county) <u>VERNON</u>		(State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>Beery Funeral Home Sheldon Mo</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>Mar 7 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Ruth Faith</u>			

(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public service, 00-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. 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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *S. Bernard Burg*

Licensed Embalmer No. *41*

P. O. Address *Heldon*

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