

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14335
STATE FILE NUMBER

FILED APR 18 1957

Registration District No. 301 Primary Registration District No. 6044 Registrar's No. 435

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Ripley			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pine		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Pine		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hiway J		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) Hiway J		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle MARTHA Last MILLER			4. DATE OF DEATH Month March Day 18 Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 16, 1869		9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas Lucas		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Bessie Tipton, Pine, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) Lobar Pneumonia DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 3 Days
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
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 COUNTY STATE	
21. I attended the deceased from <u>month 1-57</u> to <u>month 18-57</u> and last saw her alive on <u>month 18-57</u> Death occurred at <u>Barker mo</u> <u>7</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Clifford J. Goff</i> (Degree or title)		22b. ADDRESS <i>Doniphan mo</i>		22c. DATE SIGNED 3/25/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/21/1957		23c. NAME OF CEMETERY OR CREMATORY Pine Cemetery	
				23d. LOCATION (City, town, or county) (State) Pine, Missouri	
24. FUNERAL DIRECTOR Edwards Funeral Home			ADDRESS Doniphan, Mo.		25. DATE RECD. BY LOCAL REG. 3-29-57
			26. REGISTRAR'S SIGNATURE <i>Ed Johnson</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

77
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154

Faint, mostly illegible text from the reverse side of the certificate, including names and dates.

MAY 27 1957
APR 18 1957

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 *Gene Harrent*

Licensed Embalmer No. *4809*
P. O. Address *Douglas,*

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.