

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57-022288  
STATE FILE NUMBER 32

FILED JUL 3 1957

Registration District No. 356 Primary Registration District No. 6206 Registrar's No. 32

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Texas</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Texas</b>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>JACKSON Twp</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |  | c. CITY OR TOWN <b>JACKSON Twp</b> Inside Limits Yes <input 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) <b>1018</b> <input type="checkbox"/> on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |

|   |                               |  |  |   |   |  |
|---|-------------------------------|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or print) <b>Edna Edith Miller</b> First Middle Last                                      |                               |  | 4. DATE OF DEATH <b>6-22-57</b> Month Day Year                   |   |   |  |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>6-1-1896</b>                                 | 9. AGE (In years last birthday) <b>61</b> | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <b>Whiting KANSAS</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>              |  |
| 13. FATHER'S NAME <b>Frank Eames</b>  |                               |  | 14. MOTHER'S MAIDEN NAME <b>Kaura Shallenbourg</b>               |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yrs. give war or dates of service) |                               | 16. SOCIAL SECURITY NO.  | 17. INFORMANT <b>Flavel Miller - Raymondville, Mo.</b> Address   |   |   |  |

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Vascular Hemorrhage</b> |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  |  |   |
| DUE TO (b) <b>Hypertensive Arteriosclerotic Degenerative</b><br>DUE TO (c) <b>Decompensated Heart Disease grade IV</b>   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>4200</b>                        |  |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b> |

|   |                                  |                                   |  |       |  |
|---|----------------------------------|-----------------------------------|--|-------|--|
| 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. Month, Day, Year p. m. |                                  |                                   | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)    |       |  |
| 20e. CITY, TOWN, OR LOCATION                          |                                  |                                   | COUNTY   | STATE |  |

|   |  |  |                                  |  |                                 |
|---|--|--|----------------------------------|--|---------------------------------|
| 21. I attended the deceased from <b>6/8/53</b> to <b>6/22/57</b> and last saw her alive on <b>6/22/57</b><br>Death occurred at <b>4:30 p.m.</b> on the date stated above and to the best of my knowledge, from the causes stated. |  |  |                                  |  |                                 |
| 22a. SIGNATURE <b>J. J. Dismore</b> (Type or Print)   |  |  | 22b. ADDRESS <b>Houston, Mo.</b> |  | 22c. DATE SIGNED <b>6/30/57</b> |

|   |                          |  |   |  |  |
|---|--------------------------|--|---|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>                         | 23b. DATE <b>6-28-57</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>Friendship</b> | 23d. LOCATION (City, town, or county) (State) <b>Texas County, Missouri</b> |  |  |
| 24. FUNERAL DIRECTOR <b>Elliot Funeral Home - Houston, Mo July 1-57</b> ADDRESS |                          | 25. DATE RECD. BY LOCAL REG. <b>July 1-57</b>        | 26. REGISTRAR'S SIGNATURE <b>Murtie Craig</b>                               |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Frank E. Wood

Licensed Embalmer No. 46

P. O. Address Houston

**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.