

MEDICAL CERTIFICATION
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 An embalmer in Part I must be duly registered.

FILED AUG 12 1957

STANDARD CERTIFICATE OF DEATH

24237

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5452 Registrar's No. 789

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|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ash Grove</u> | | c. CITY OR TOWN <u>Ash Grove 0398</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RR 1</u> | | d. STREET ADDRESS <u>RR 1</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>MINNIE</u> Middle <u>L.</u> Last <u>MILLER</u> | | 4. DATE OF DEATH Month <u>August</u> Day <u>4</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>Dec 11 - 1871</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 | 9. AGE (In years last birthday) <u>85</u> |
| 11. BIRTHPLACE (City and state or country) <u>Christian Co - Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Thomas Jefferson Payne</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Frances Hunt</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>John K Miller</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>Clyde Miller - RR 1 Ash Grove - Mo</u> | |
| 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>Cerebral Hemorrhage</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIO Sclerosis</u> | | | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>June 30 - 1957</u> , to <u>August 3</u> and last saw her/him alive on <u>August 3 - 1957</u> Death occurred at <u>3:20 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>C. F. Starnes 202</u> | | 22b. ADDRESS <u>Ash Grove - Mo</u> | |
| 22c. DATE SIGNED <u>8/5/57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8-7-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Ash Grove - Mo</u> |
| 24. FUNERAL DIRECTOR <u>Erwin - Daniel Ash Grove - Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-7-57</u> | 26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u> |

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 *Joseph L. Samuel*

Licensed Embalmer No. *4702*
P. O. Address *Adh Grove*

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.