Health, Welfare Public Service

300
1-57

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32644
STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. 4319 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Maries
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rural (Jefferson Township) Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R.F.D. Belle, Mo Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Maries
c. CITY OR TOWN Rural Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D. Belle, Mo Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Last Miller

4. DATE OF DEATH Month Sept Day 24 Year 57

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Nov-2-1868
9. AGE (In years last birthday) 88 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) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Dascunade County-Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ike Smith
13b. MOTHER'S MAIDEN NAME Sarah
14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address EZRA Crider Sullivan-Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Annoxia — 30 min
DUE TO (c) Coronary Arteriosclerosis 4281 — —
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Secondary Cor Pulmonale + Pneumonia
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8:45 AM 9-24-57, to 9:30 AM 9-24-57 and last saw her alive on 9:30 AM 9-24-57
Death occurred at 9.30 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] D.O.
22b. ADDRESS Bland, Mo.
22c. DATE SIGNED 9/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-26-57
23c. NAME OF CEMETERY OR CREMATORY Francis Cemetery
23d. LOCATION (City, town, or county) (State) Osage County-Mo

24. FUNERAL DIRECTOR Sassmann Funeral Service ADDRESS Chester Sassmann Belle, Mo.
25. DATE RECD. BY LOCAL REG. 9-27-57
26. REGISTRAR'S SIGNATURE Pauline Howard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 10. No symptoms will be listed. All diseases in Part I must be causally related.

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 Charles Sassemann

Licensed Embalmer No. 4178

P. O. Address Bland - Mo

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.