t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34910
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1163

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp. — Length of stay in 1b: 44 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph 0117 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1015 So. 15th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Sallie Middle M. Last Miller
4. DATE OF DEATH: Month Oct. Day 24 Year 1957
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 23, 1894
9. AGE (In years last birthday): 62 — 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): employee
10b. KIND OF BUSINESS OR INDUSTRY: St. Josephs Hosp.
11. BIRTHPLACE (City and state or country): Knob Lick, Kentucky
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John N. Miller
13b. MOTHER'S MAIDEN NAME: Maggie Edwards
14. NAME OF HUSBAND OR WIFE: —
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. 491-09-4769
17. INFORMANT: Bert E. Miller, 1015 S.15th, St. Joseph, 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) Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 October 9, 1957, to October 24, 1957 and last saw her alive on Oct. 24, 1957
Death occurred at 6:25p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Allen Goldman (Degree or title) M.D.
22b. ADDRESS 706 Francis, St. Joseph, Mo.
22c. DATE SIGNED 10-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 10/26/1957
23c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman ADDRESS: St. Joseph, Mo
25. DATE RECD. BY LOCAL REG.: Oct. 28, 1957
26. REGISTRAR'S SIGNATURE: Mrs. Robert Fulton

(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 18. 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 ..... Signed Eugene Wood
Signature of Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Jos

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.