

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008555

STATE FILE NUMBER

FILED MAR 12 1958

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cabool			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cabool		Inside Limits 1070 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb 56 yrs.		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELITH Middle PEARL Last MILLER				4. DATE OF DEATH Month 2 Day 26 Year 58			
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 4-14-1885	
9. AGE (In years last birthday) 72		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) housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas	
12. CITIZEN OF WHAT COUNTRY? USA							
13. FATHER'S NAME Marion Daniels				14. MOTHER'S MAIDEN NAME Ella Grooms			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT Arthur Miller, Cabool, Mo.		Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension							15 yrs
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"/> 2
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.) 331X				
20c. TIME OF INJURY Hour _____ Month, Day, Year 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 May 56 to Feb. 58 and last saw her ^{her} alive on Feb 26, 1958 Death occurred at 8:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. L. Spears M.D. (Degree or title)				22b. ADDRESS Cabool, Mo.		22c. DATE SIGNED 2/26/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-1-58		23c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery		23d. LOCATION (City, town, or county) (State) Cabool, Mo.	
24. FUNERAL DIRECTOR ELLIOTT-GENTRY. ADDRESS CABOOL, MO.				25. DATE RECD. BY LOCAL REG. 3-5-58		26. REGISTRAR'S SIGNATURE Laynell Cunningham	

(Licensed Embalmer's Statement on Reverse Side)

Disease 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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MAR 12 1958

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 *James L. Gentry*

Licensed Embalmer No. 4

P. O. Address *Calood*

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.