Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 2 1958

58-011057
STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 5981 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN: Madison Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: Pleasant View Nurseing Home — Length of stay in Ib
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Polk
c. CITY OR TOWN: Fair Play, Mo. 0840 — Inside Limits: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Hannah Middle: E. Last: Miller

4. DATE OF DEATH: Month: Mar. Day: 18 Year: 1958

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: June 6 1870

9. AGE (In years last birthday): 87 — 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 wife

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and state or country): Polk County, Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard Miller

13b. MOTHER'S MAIDEN NAME: Adeline Coffey

14. NAME OF HUSBAND OR WIFE: Joe Miller, (Deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mrs Lucy Currie, Fair Play, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Coroner, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chrome myocarditis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 March 16 58 to March 18 and last saw ~~from~~ alive on March 16 1958
Death occurred at Mar. 18 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D C McClaw MD

22b. ADDRESS: Bolivar Mo

22c. DATE SIGNED: 3/21/58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 3-22-1958

23c. NAME OF CEMETERY OR CREMATORY: Akard Cemetery

23d. LOCATION (City, town, or county) (State): Fair Play, Mo.

24. FUNERAL DIRECTOR ADDRESS: Barker-Erwin, Fair Play, Mo.

25. DATE RECD. BY LOCAL REG.: 3-27-1958

26. REGISTRAR'S SIGNATURE: Ralph L Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

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 Marshall E. Blackw

Licensed Embalmer No. 4713

P. O. Address Bolivar, M

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.