

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015128
State File No.

FILED MAY 5 1958

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 119

07420

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. LENGTH OF STAY (in this place) 4 wks.	c. CITY OR TOWN Graham 07420
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) BUCKLEW	c. (Last) MILLER
4. DATE OF DEATH (Month) (Day) (Year) 4 28 58		5. STREET ADDRESS (If rural, give location) 3 1/2 miles northeast	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/7/69
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Pike County, Ohio
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Elwood C. Miller, dec.		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'S SIGNATURE OR NAME Mrs. Joe Cornell, Maryville, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Bronchopneumonia	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 mo	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Congestion		DUE TO (b) 5 wks	
DUE TO (c) Arterio-sclerotic heart disease		DUE TO (c) 70 y	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 5 , 19 56 , to 4/27 , 19 58 , that I last saw the deceased alive on April 27, 1958 , and that death occurred at 1 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 4/29/58
24a. BURIAL, CREMATION, REMOVAL (Specify) buried	24b. DATE 4/29/58	24c. NAME OF CEMETERY OR CREMATORY Graham	24d. LOCATION (City, town, or county) (State) Graham, Missouri
DATE REC'D BY LOCAL REG. 5 8 58	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	

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... *Clem M. Price*

Licensed Embalmer No... *182*

P. O. Address... *Maryville*

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.