Health, & Welfare Public Service
30
300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026661
STATE FILE NUMBER

FILED AUG 15 1958 Registration District No. 314 Primary Registration District No. 6064 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY ST CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OSCEOLA - twp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib'

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST CLAIR
c. CITY OR TOWN OSCEOLA 0930 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: ESSIE Middle: V. Last: MILLER

4. DATE OF DEATH Month: JULY Day: 27 Year: 1958

5. SEX Female

6. COLOR OR RACE white

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH FEB 6, 1901

9. AGE (In years last birthday) 57 — 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) Housekeeping

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) WHEATLAND MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FRANK LINDSEY

13b. MOTHER'S MAIDEN NAME ALICE MARTIN

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.

17. INFORMANT RUSSELL A PARISH — Address CICERO ILL

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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) Carcinoma pelvic — — INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Toxemia from general
DUE TO (c) metastases 1992
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 ☐ 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 10-57, to 7-27-58 and last saw her/him alive on 7-24-58
Death occurred at 1 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ruth Beavers (Degree or title) MD

22b. ADDRESS Osceola Mo

22c. DATE SIGNED 7-29-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-29-58

23c. NAME OF CEMETERY OR CREMATORY Butcher

23d. LOCATION (City, town, or county) (State) Weaubleau Mo

24. FUNERAL DIRECTOR Goodrich Home — **ADDRESS** Osceola Mo

25. DATE RECD. BY LOCAL REG. Aug 8-58

26. REGISTRAR'S SIGNATURE Ruth Beavers

(Licensed Embalmer's Statement on Reverse Side)

SEP 18 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 J. B. Goodwin

Licensed Embalmer No. 3038

P. O. Address Osceola 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.