

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008771
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 72 Primary Registration District No. 4137 Registrar's No. 48

300
-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gashland Rural	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hosp.	Length of stay in 1b 1 Month	d. STREET ADDRESS (If outside, give location) 3 miles North of Gashland	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Margaret Reynolds Miller	4. DATE OF DEATH Month Day Year March 13, 1959
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5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 19, 1885	9. AGE (In years Last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Camden Point, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. E. Biscoe	13b. MOTHER'S MAIDEN NAME Martha Jetter	14. NAME OF HUSBAND OR WIFE Eugene W. Miller
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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 E. W. Miller	Address Gashland, Mo. RFD
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Heart Disease		5 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"/>	

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.) _____
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20c. TIME OF INJURY Hour Month, Day, Year a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 _____
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21. I attended the deceased from FEB 9, 1959 to MARCH 12, 1959 and last saw her alive on MARCH 13, 1959 Death occurred at 7:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Clair R. Miller M.D.</i>	(Degree or title) Smithville, Mo.	22b. ADDRESS Smithville, Mo.	22c. DATE SIGNED 3-15-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-15-59	23c. NAME OF CEMETERY OR CREMATORY Camden Point Cemetery	23d. LOCATION (City, town, or county) (State) Platte County, Missouri
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24. FUNERAL DIRECTOR McComas Funeral Home	ADDRESS Smithville, Mo.	25. DATE RECD. BY LOCAL REG. 3-15-59	26. REGISTRAR'S SIGNATURE <i>Marguerite Hudgens</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION



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 *Terrell W. Hawks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.