Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-013126
STATE FILE NUMBER

FILED APR 24 1959 Registration District No. 143 Primary Registration District No. 5559 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Howell
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Hutton Valley Twps. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home Length of stay in 1b Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN Pomona R#1, Mo. 0460 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Stella Middle Elzada Last MILLER
4. DATE OF DEATH Month April Day 16, Year 1959.

5. SEX FeMale
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan.22,1889
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 2 Days 24 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) Hutton Valley, Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Wm. Acklin
13b. MOTHER'S MAIDEN NAME Sarah J. Smith
14. NAME OF HUSBAND OR WIFE J. L. Miller

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 Address J.L.Miller,Pomona R#1, Mo.

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) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 Wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 431X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 April 2, to April 16 and last saw her alive on April 16
Death occurred at 8 PM p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. S. Cottrell D.O.
22b. ADDRESS Willow Springs
22c. DATE SIGNED 4/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-18-59
23c. NAME OF CEMETERY OR CREMATORY Lost Camp
23d. LOCATION (City, town, or county) (State) Hutton Valley Twps.,Mo.

24. FUNERAL DIRECTOR ADDRESS Burns, Willow Springs, Mo.
25. DATE RECD. BY LOCAL REG. 4/22/59
26. REGISTRAR'S SIGNATURE Marshalee Ballard

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 24 1956

VS OCT 7 1960

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 .....Fred. W. Barnes.....

Licensed Embalmer No. 4614

P. O. Address Willow Springs,

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.