

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016838

STATE FILE NUMBER

Health, Welfare  
Public Service

FILED MAY 25 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 511

300  
-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 624 Prospect Leon Nursin Home		Length of stay in lb 5 Months 7 days	d. STREET ADDRESS (If outside, give location) 214 N. 8th
3. NAME OF DECEASED (Type or print) First Middle Last Mabel C Miller			4. DATE OF DEATH Month Day Year May 11, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 13, 1874
9. AGE (In years last birthday) 85		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wheeling, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME M. A. Smith	
13b. MOTHER'S MAIDEN NAME Martha A. Hicks		14. NAME OF HUSBAND OR WIFE Frank L. Miller	
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 Leon Nursin Home Records, St. Joseph, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEART FAILURE DUE TO (b) P Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY CONGESTION OLD CVA.			INTERVAL BETWEEN ONSET AND DEATH 1 Mo 5
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.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from death occurred at 3/5/57 to 5/11/59 and last saw her alive on 4/11/59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jokwi. Rogers M.D.		(Degree or title)	22b. ADDRESS 307 Kappatnick Bldg St. Joseph, Mo
22c. DATE SIGNED 5/12/59		23. NAME OF CEMETERY OR CREMATORY Wheeling Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 13, 1959	23c. LOCATION (City, town, or county) (State) Wheeling, Missouri
24. FUNERAL DIRECTOR Heaton-Bowman		ADDRESS Heaton-Bowman Funeral Home, St. Joseph	25. DATE RECD. BY LOCAL REG. May 18, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell			

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Dr. John T. Rogers

All diseases in Part I must be causally related.

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 *William J. Felder* .....

Licensed Embalmer No. *4535* .....

P. O. Address *St. Joseph, 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.