

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021074
STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 117

300
1-57

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1411 MAIN ST		Length of stay in lb 1	d. STREET ADDRESS (If outside, give location) 1411 MAIN ST Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MINNIE BELLE MILLER			4. DATE OF DEATH Month Day Year JUNE 18 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 JAN. 19, 1885
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker.	11. BIRTHPLACE (City and state or country) Fairfield Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Alfredo Langdon	14. MOTHER'S MAIDEN NAME NORA WATSON
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 Address Mrs. Willard Payne Trenton, 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) Chronic Myocarditis (not rheumatic)			INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 206.10 (b) Arterio Sclerosis			1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture R. Tibia			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) accidental Fall in Room	
20c. TIME OF INJURY Hour Month, Day, Year 11 6-2-59			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) While Nursing Home	20f. CITY, TOWN, OR LOCATION Trenton	COUNTY STATE MO
21. I attended the deceased from 6-2-59 to 6-18-59 and last saw her alive on 6-18-59 Death occurred at 4 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E.A. Duffey MD (Degree or title)		22b. ADDRESS Trenton Mo	22c. DATE SIGNED 6-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE June 20, 1959	23c. NAME OF CEMETERY OR CREMATORY Edinburg IOOF Cemetery	23d. LOCATION (City, town, or county) (State) Edinburg, Mo
24. FUNERAL DIRECTOR J. Gordon Blackmore		ADDRESS Trenton Mo	25. DATE RECD. BY LOCAL REG. 6/22/59
		26. REGISTRAR'S SIGNATURE Helen Jaw	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Claude H. Crandall Jr.*

Licensed Embalmer No. *4586*

P. O. Address *Winton, N.J.*

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.