

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016225

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 80

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 3 1962

1. PLACE OF DEATH
a. COUNTY -- Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti Length of stay in 1b 3 days

c. CITY OR TOWN Wardell Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) R. R. 1 Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot

3. NAME OF DECEASED First Middle Last
Ethel May Miller

4. DATE OF DEATH Month Day Year
April 20, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2-13-1915 9. AGE (last birthday) 47

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife 10b. KIND OF BUSINESS OR INDUSTRY X 11. BIRTHPLACE (City and state or country) Portageville, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Frank Muse 13b. MOTHER'S MAIDEN NAME Roxie Rodes 14. NAME OF HUSBAND OR WIFE Clarence 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. X 17. INFORMANT Clarence Miller Address Wardell, 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) Acute hepatic failure
DUE TO (b) Acute Biliary obstruction
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH 36 hours
4 day.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) intraductal carcinoma, left breast

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 3/23/62 to 4/20/62 and last saw her alive on 4/20/62
Death occurred at 11:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Grable (Degree or title) M.D. 22b. ADDRESS Portageville, Mo. 22c. DATE SIGNED 4-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-22-62 23c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery 23d. LOCATION (City, town, or county) (State) Wardell, Mo.

24. FUNERAL DIRECTOR Osburn Funeral Home, Wardell, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 4-24-62 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

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MAY 3 1962

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 James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.