

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12798

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4233		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcadia		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arcadia			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Alma b. (Middle) Saphronia c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) Apr. 8 1950				
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 10 1868	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 1 Days 28	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Madison Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James King		13b. MOTHER'S MAIDEN NAME Loraine Williams		14. NAME OF HUSBAND OR WIFE George W. Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura Maze, Arcadia Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypotension DUE TO (c) cystitis/ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH ? ? ? 105X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-29-49, 19, to 4-8-50, 19, that I last saw the deceased alive on 4-5-50, 19, and that death occurred at 2.00A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. P. E. Jarland, M.D.				23b. ADDRESS 118 N. Main, Ironton, Mo.		23c. DATE SIGNED 4-12-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-10-50		24c. NAME OF CEMETERY OR CREMATORY Liberty Cem.		24d. LOCATION (City, town, or county) (State) Arcadia Iron Mo.	
DATE REC'D BY LOCAL REG. April 14, 1950		REGISTRAR'S SIGNATURE Mrs. Anna Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 17 1950

DEPT. OF HEALTH OFFICE No. 4

FD No. 450-560

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.