

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22496**

FILED JUL 26 1949

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 50a		Registrar's No. 53			
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates					
b. CITY (If outside corporate limits, write RURAL and give town) Butler		c. LENGTH OF STAY (In this place) 9 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Adrian		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital									
3. NAME OF DECEASED (Type or Print) a. (First) Ida Ellen b. (Middle) Ellen c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) July 7 1949						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 20, 1868			
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 3 Days 17		IF UNDER 24 HRS. Hours 1 Min. 0					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Muscataine Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John W. Gibson			13b. MOTHER'S MAIDEN NAME Nancy Coulter			14. NAME OF HUSBAND OR WIFE James Lightfoot Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. M. H. Leavell Archie 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exhaustion following fracture of neck of femur ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2p						INTERVAL BETWEEN ONSET AND DEATH 89000	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE/ HOMICIDE while visiting fall off chair		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Arkansas (while visiting relatives)		21d. TIME OF INJURY May 2 - 1949 11:36			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell off chair							
22. I hereby certify that I attended the deceased from May 2, 1949, to July 6, 1949 , that I last saw the deceased alive on July 6, 1949 , and that death occurred at 1:45 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Go. C. Robinson M.D.				23b. ADDRESS Adrian Mo.		23c. DATE SIGNED 7-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 9, 49		24c. NAME OF CEMETERY OR CREMATORY Crescent Hill Cem.		24d. LOCATION (City, town, or county) (State) Adrian Mo.			
DATE REC'D BY LOCAL REG. July 11-49		REGISTRAR'S SIGNATURE Samuel Kray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 170 Breath & Sig Adrian Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 6-49878
Date Filed 3-20-49

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.

Signed _____ *Adrian Mo*

Signed _____
Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian 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 this body is not embalmed, fact should be so stated above.