

No. 306
10.48

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25807

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 3075		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		d. STREET ADDRESS (If rural, give location) North Sassafras			
3. NAME OF DECEASED (Type or Print) Lulu Reed Miller			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) July 4, 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH May 19, 1880			
9. AGE (In years last birthday) 69		if UNDER 1 YEAR 1		if UNDER 1 YEAR 18		if UNDER 1 HRS. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Shelby County, Ill.			
12. CITIZEN OF WHAT COUNTRY? U. S.			13a. FATHER'S NAME Josephus Reed		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Harry C. 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. --		17. INFORMANT'S SIGNATURE OR NAME Harry C. Miller,			ADDRESS Dexter, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis		* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & DUE TO (c) Hypertension					10 minutes		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							2 years		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT 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 Jan 10, 1947, to July 4, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 9:30 AM, from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) L. G. Harold G. Par				23b. ADDRESS L. G. Par		23c. DATE SIGNED 7/10/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-6-49		24c. NAME OF CEMETERY OR CREMATORY Hagy		24d. LOCATION (City, town, or county) (State) Dexter, Mo.			
DATE REC'D BY LOCAL REG. 7-4-1949		REGISTRAR'S SIGNATURE Walma V. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE 1355 Strickland-Rainey		ADDRESS Dexter, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 10 1949
District Health Office No. 2
District File Number 249-133
Date Filed _____

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. 3499

P. O. Address Norfolk, Va.

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.