S. No. 300
v. 10.48

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42776
11253

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 1 mo. + 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Illinois
b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Quincy
d. STREET ADDRESS (If rural, give location) 1845 Spring

3. NAME OF DECEASED (Type or Print)
a. (First) Nell
b. (Middle) Gould
c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) Dec. 28 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Dec. 7, 1875
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Colmar, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Louis J. Gould
13b. MOTHER'S MAIDEN NAME Orilla Johnson
14. NAME OF HUSBAND OR WIFE John Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Henrietta Tschannen, **ADDRESS** Quincy, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarction, massive — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) multiple pulmonary emboli, tertiary — 5 min
DUE TO (c) non-union, right femoral neck — 1 year

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma, left breast — 17 years

19a. DATE OF OPERATION 11-25-49
19b. MAJOR FINDINGS OF OPERATION Cartilage Cap Arthroplasty, rt. hip for old non-union
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 17, 19 49, *to* Dec. 28, 19 49, *that I last saw the deceased alive on* Dec. 28, 19 49, *and that death occurred at* 9:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE David R. Oliver (Degree or title) M.D.
23b. ADDRESS Barnes Hospital,
23c. DATE SIGNED 12/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 12-29-49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Hancock, Co., Ill. (State)

DATE REC'D BY LOCAL REGISTRAR DEC 30 1949
REGISTRAR'S SIGNATURE L. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe **ADDRESS** 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.