

FILED AUG 18 1950

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27601

Registrar's No. 41

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 4340		Registrar's No. 41		
1. PLACE OF DEATH a. COUNTY <u>Montroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montroe</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutsville R.R. 0690</u>		c. LENGTH OF STAY (In this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stoutsville R.R. 0690</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rose</u> b. (Middle) <u>Ella</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-1950</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-6-1858</u>		9. AGE (In years last birthday) <u>93</u>	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) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Little York Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Eliaz Harkin</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Landis</u>		14. NAME OF HUSBAND OR WIFE <u>A. V. Miller</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>P. P. Miller Perry</u> ADDRESS <u>7220</u>				
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) <u>arterosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatoid Arthritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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) (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 <u>Jan</u> , 19 <u>43</u> , to <u>July 31</u> , 19 <u>50</u> that I last saw the deceased alive on <u>July 30</u> , 19 <u>50</u> , and that death occurred at <u>10 A.M.</u> , from the causes and on the date stated above. <u>7-31-50</u>								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>8-2-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug 2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Florida</u>		24d. LOCATION (City, town, or county) (State) <u>Florida Mo</u>		
DATE REC'D BY LOCAL REG. <u>Aug 10 1950</u>		REGISTRAR'S SIGNATURE <u>F. A. Barnett, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Vreda Thompson</u>		ADDRESS <u>[Address]</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 14 1950
District Health Officer No.
District File Number 8-50-13
Date Filed AUG 17 1950

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 Mrs. Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Wis.

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.