

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5654

0850

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

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4430</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Crocker</u>		c. LENGTH OF STAY (In this place) <u>16 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Crocker</u>		d. STREET ADDRESS (If rural, give location) <u>07-03</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>7</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Catherine</u> b. (Middle) <u>Miller</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 25, 1906</u>		9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>13</u>	IF UNDER 48 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hous ewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Dixon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Mckinnon</u>		14. NAME OF HUSBAND OR WIFE <u>E.P. Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.P. Miller Crocker, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary Tuberculosis</u> ANTECEDENT CAUSES <u>(Military)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <input checked="" type="checkbox"/>					INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs.</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>					<u>002X</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 <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>Aug 1, 1941</u> , to <u>Feb 6, 1951</u> , that I last saw the deceased alive on <u>Feb 6, 1951</u> , and that death occurred at <u>11 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Mikalovich D.O.</u>				23b. ADDRESS <u>Crocker, Mo.</u>		23c. DATE SIGNED <u>2-6-51</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seaton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker, Missouri Rural</u>		
DATE REC'D BY LOCAL REG. <u>2-14-51</u>		REGISTRAR'S SIGNATURE <u>William C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter N. ...</u>		ADDRESS <u>beria, Mo.</u>	

RECEIVED 2-14-51
Pulaski County Health Officer
File Number
Date Filed 2-14-51

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.....

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *Walter P. Hedges*

Licensed Embalmer No. *4265*

P. O. Address *Berlin, 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.