

FILED MAR 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9016

495

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mc Donald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Anderson Twp!	
c. LENGTH OF STAY (in this place) 9 Days		d. STREET ADDRESS (If rural, give location) 3 mi. W. of Anderson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin General Hospital			
3. NAME OF DECEASED (Type or Print) F LORA LUCY MILLER		4. DATE OF DEATH (Month) (Day) (Year) 3 13 1951	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1-23-1878
9. AGE (In years last birthday) 73		10. MONTHS 1	11. DAYS 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY music instructor	11. BIRTHPLACE (State or foreign country) Versailles Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Charles Kochet		13b. MOTHER'S MAIDEN NAME Allie Hill	14. NAME OF HUSBAND OR WIFE Harry 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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Miller Anderson 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) Pneumonia - Complications ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic Gastro-Intestinal II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE E. Millard		23b. ADDRESS Hall 13 No.	23c. DATE SIGNED 3/17/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-1951	24c. NAME OF CEMETERY OR CREMATORY Anderson Chhthy Anderson	24d. LOCATION (City, town, or county) (State) Mo.
DATE REC'D BY LOCAL REG. 3-17-51	REGISTRAR'S SIGNATURE G. J. Jones	38	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tatum Funeral Home Anderson, Mo. H.E. Cleatham

RECEIVED 3-22-51
Jasper County Health Office

County File Number 51-3-240

Date Filed 3-22-51

JUL 2 1951

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 me

working under my personal supervision.

Student Embalmer No.

Signed Student Embalmer

Signed R.E. Cheston

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.