

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23669**

BIRTH NO. _____		REG. DIST. NO. <b>195</b>		PRIMARY REG. DIST. NO. <b>5706</b>		Registrar's No. <b>46</b>	
1. PLACE OF DEATH a. COUNTY <b>XXX McDonald</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Anderson (Rural)</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>P. O. Box 22</b>		60	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 Miles N. of Anderson</b>				d. STREET ADDRESS (If rural, give location) <b>Langan, Missouri</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alta</b>		b. (Middle) <b>Inez</b>		c. (Last) <b>Miller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 31, 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 5</b>		8. DATE OF BIRTH <b>Aug 27, 1899</b>	
9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Days <b>9</b>		IF UNDER 24 HRS. Hours <b>4</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Rocky Comfort, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lex Stewart</b>		13b. MOTHER'S MAIDEN NAME <b>Ona Utter</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Fred Ferguson, Webb City, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed Chest</b>  ANTECEDENT CAUSES <b>Internal Injuries</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Internal Injuries</b>  DUE TO (c) <b>26</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, office bldg., etc.) <b>Public Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Anderson McDonald, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>5-31-51-1:00A</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto accident on Public Highway.</b>			
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 <b>1:00A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>D. M. Humphrey</b>		(Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Linville, Mo.</b>		23c. DATE SIGNED <b>6-4-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 4, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-4-51</b>		REGISTRAR'S SIGNATURE <b>Martha Humphrey</b>		423		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Johnston-Arnce-Simpson, Webb City, Mo.</b>	

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

JUL 3

1951

Dist. File

25-2343

Date Filed

2-13-51

JUL 20 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Mayne E. Humphrey

Licensed Embalmer No. 4263

P. O. Address Pineville, 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.