

S. No. 300  
V. 10.48

FILED NOV 3 1951

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34383

State File No. ....

660  
1

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Richwoods</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iberia Richwoods Twp</u>	
c. LENGTH OF STAY (in this place) <u>7</u> <u>MOS</u>		d. STREET ADDRESS (If rural, give location) <u>0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lucy</u>	b. (Middle) <u>Ellen</u>	c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 20, 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. 22, 1862</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
-------------------------	----------------------------------	--	--	--	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	--	------------------------------

13a. FATHER'S NAME <u>Elijah Pitman</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>David C. 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 <u>Gayle Green</u>	ADDRESS <u>Iberia R2 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c)		<u>2 months</u>
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 <u>4201</u>	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 Sept 20, 1951, to Oct 20, 1951, that I last saw the deceased alive on Oct 19, 1951, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

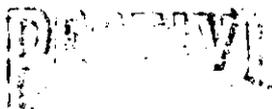
23a. SIGNATURE <u>Wm. A. Gould, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Iberia, Mo</u>	23c. DATE SIGNED <u>10/20/51</u>
---	-------------------	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Oct. 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Great Bend, Kansas</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia, Mo.</u>
---	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Oct. 21-1951</u>	REGISTRAR'S SIGNATURE <u>Jessie Perkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Wedge</u>	ADDRESS <u>Iberia, Mo.</u>
---	--	---	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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



APR 10 1957

MISSOURI DEPARTMENT  
OF HEALTH

**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

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

**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.