S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42403

FILED JAN 3- 1952

BIRTH NO. REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 30

0730

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stella
c. LENGTH OF STAY (in this place) 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cardwell Hosp. Stella, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 0730
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) E. c. (Last) Miller

4. DATE OF DEATH (Month) Dec. (Day) 6, (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 2, 1868
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 7 Days 4 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Howard Co. Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Rufus Marion Brooks
13b. MOTHER'S MAIDEN NAME Sarah Montgomery
14. NAME OF HUSBAND OR WIFE Isaac Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME J.C. Brooks ADDRESS Fairview, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Comp fracture of left hip — INTERVAL BETWEEN ONSET AND DEATH 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bed ridden patient
DUE TO (c) + fell out of her bed at Her Home — E9020

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 21
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 73

21d. TIME OF INJURY (Month) Nov (Day) 3 (Year) 1951 (Hour) (?) a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fall

22. *I hereby certify that I attended the deceased from* 11/4, 1951, *to* 12/6/, 1951, *that I last saw the deceased alive on* 12/6/, 1951, *and that death occurred at* 5:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Cardwell (Degree or title) M.D.
23b. ADDRESS Stella, Missouri
23c. DATE SIGNED 12/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 9, 1951
24c. NAME OF CEMETERY OR CREMATORY Dice Cemetery
24d. LOCATION (City, town, or county) Fairview (State) Mo.

DATE REC'D BY LOCAL REG. 12-23-1951
REGISTRAR'S SIGNATURE Alpha Dyer 369
25. FUNERAL DIRECTOR'S SIGNATURE Paul D. Herbert ADDRESS Cassville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No. _____

District File Number 1251-895

Date Filed Dec. 31-1951 NEOSHO, MISSOURI

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 Embalmer No. _____

Signed Paul D. Herbert

Signed _____
Student Embalmer

Licensed Embalmer No. 45-76

P. O. Address Cassville

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.