

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4719

State File No.

Registrar's No. 27

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 548		State File No.	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo-Rural-Wilson.		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo-Rural-Wilson. 0400			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 1/2 Mi. S. E. Laredo				d. STREET ADDRESS (If rural, give location) 4 1/2 Mi. S. E. Laredo.			
3. NAME OF DECEASED (Type or Print) Margaret		a. (First)		b. (Middle) Belle		c. (Last) M. Miller	
4. DATE OF DEATH Feb. 15 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Nov. 5 1872.		9. AGE (In years last birthday) 79	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Grundy County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Oliver Miller		13b. MOTHER'S MAIDEN NAME Francis Anderson	
14. NAME OF HUSBAND OR WIFE NONE.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Leroy Todd. Laredo 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pylorus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 Jan 10, 1952, to Feb 14, 1952, that I last saw the deceased alive on Feb 14, 1952, and that death occurred at 12:45 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Robertson M.D.				23b. ADDRESS Newton Mo		23c. DATE SIGNED 2/15/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/17/52		24c. NAME OF CEMETERY OR CREMATORY Alpha Cemetery		24d. LOCATION (City, town, or county) (State) Laredo Mo	
DATE REC'D BY LOCAL REG. 2/17/52		REGISTRAR'S SIGNATURE Irene Fair		25. FUNERAL DIRECTOR'S SIGNATURE F. J. Robertson		ADDRESS Funeral Home Laredo	

(Licensed Embalmer's Statement on Reverse Side)

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

400
1.

MAR 14 1957

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.....
Student Embalmer

Signed

J. M. Robertson

Licensed Embalmer No.

4388

P. O. Address

Laredo 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.

MAR 15 - 12:45 A.M.