

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39083

FILED DEC 6 1952

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>204</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Prairie</u>		c. LENGTH OF STAY (In this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0485</u> OR TOWN <u>910 South Hocker</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Infirmiry Jackson County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Independence, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Myrtle</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Miller</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>12</u>		(Year) <u>1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 18, 1891</u>		9. AGE (In years last birthday) <u>61</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>New Albany, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records Jackson County Infirmiry</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular Heart Disease</u>					
		DUE TO (c) _____					
		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>4214</u>				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)		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 <u>4-15-52</u> , 19____, to <u>11-12-52</u> , 19____, that I last saw the deceased alive on <u>11-11-52</u> , 19____, and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Square-Reina</u>		(Degree or title) <u>MD.</u>		23b. ADDRESS <u>1032 Prof. Bldg. X.C. Mo.</u>		23c. DATE SIGNED <u>11/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/14/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Indep. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 18, 1952</u>		REGISTRAR'S SIGNATURE <u>Howard C. Samuels</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward P. Speake</u>		ADDRESS <u>Indep. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

v. 10.48

0489

**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 Wayne H. Halleman  
Licensed Embalmer No. 4627

P. O. Address Indy. 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.