

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41425**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax	c. LENGTH OF STAY (In this place) 7 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Liberty Twp. 01440	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hosp		d. STREET ADDRESS (If rural, give location) 9 Mi. Northwest of Mound City	

3. NAME OF DECEASED (Type or Print) a. (First) Lucy	b. (Middle) Ann	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) Dec. 17, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 27, 1872	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Month _____ Day _____	IF UNDER 1 MO. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY In the home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Martin V. Judy	13b. MOTHER'S MAIDEN NAME Barbara Nauman	14. NAME OF HUSBAND OR WIFE Martin A. Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Kenneth Miller	ADDRESS Mound City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peripheral vascular (Arteriosclerosis) DUE TO (c) Fractured hip - right		4 days 4 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9049 21			

19a. DATE OF OPERATION 12/13/52	19b. MAJOR FINDINGS OF OPERATION fractured hip	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-1**, 19**52**, to **12/17**, 19**52**, that I last saw the deceased alive on **12/17**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James H. Crawford MD	(Degree or title) 0	23b. ADDRESS Lawfax, Mo	23c. DATE SIGNED 12/17/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-19-52	24c. NAME OF CEMETERY OR CREMATORY New Liberty Cem.	24d. LOCATION (City, town, or county) (State) Holt Co., Missouri
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DATE REC'D BY LOCAL REG. Dec 16, 1952	REGISTRAR'S SIGNATURE Harwin H. Schoeller	4443	25. FUNERAL DIRECTOR'S SIGNATURE James H. Crawford	ADDRESS Mound City, Mo
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(Licensed Embalmer's Signature on Reverse Side)

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

S. No. 300
v. 10.48
1030

0

190 11 10

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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Round City, 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.