

STANDARD CERTIFICATE OF DEATH

State File No. **41426**

DEC 23 1952

REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **94**

0030

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

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. LENGTH OF STAY (In this place) 8 hrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hospital		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) Bessie Agnes Millier		4. DATE OF DEATH (Month) (Day) (Year) Dec 11 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 18, 1885
9. AGE (In years last birthday) 67		10. MONTHS 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Atchison Kansas		12. CITIZEN OF WHAT COUNTRY? U.S	
13a. FATHER'S NAME Fred M. Ashe		13b. MOTHER'S MAIDEN NAME Mollie Helfrick	
13c. NAME OF HUSBAND OR WIFE Roy C. Millier		14. NAME OF HUSBAND OR WIFE Roy C. Millier	
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 Mrs. Chas. C. Brown		ADDRESS Osborn, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis, generalized INTERVAL BETWEEN ONSET AND DEATH 19 hrs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cause Unknown DUE TO (c) Rheumatic Valvular Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 58 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 576K	
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 7-28 , 19 47 , to 12-10 , 19 52 , that I last saw the deceased alive on 12-11 , 19 52 , and that death occurred at 7:15 P. m., from the causes and on the date stated above.			
23a. SIGNATURE G. Kemp		23b. ADDRESS M.D. Tarkio, Mo.	
23c. DATE SIGNED 12/12/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec 11, 1952	
24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Mo.	
DATE REC'D BY LOCAL REG. Dec 19, 1952		REGISTRAR'S SIGNATURE Therwin H. Schaefer	
25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home		ADDRESS Tarkio, Mo.	

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 _____

John M. Davis
Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.