

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30360**

FILED SEP 24 1954

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 143

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 OR TOWN Trenton)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Trenton Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Memorial Hospital		d. STREET ADDRESS (If rural, give location) Rt. # 1, Trenton, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) MABLE b. (Middle) DOT c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 31, 1954		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Apr. 3, 1896		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR: Months 4 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Theodore Brown		13b. MOTHER'S MAIDEN NAME Martha Reeves		14. NAME OF HUSBAND OR WIFE W. E. 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 ADDRESS W.E. Miller, Rt. # 1, Trenton, MO	
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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		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) Diabetes 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	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)
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 March 20, 1952, to Aug 31, 1954, that I last saw the deceased alive on Aug 31, 1954, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy M.D. (Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED Sept. 15, 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 2, 1954	24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery	24d. LOCATION (City, town, or county) (State) Mercer County, Mo.
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DATE REC'D BY LOCAL REG. 9-2-54	REGISTRAR'S SIGNATURE Irene Fair	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald H. Slater, Trenton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.