

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 4 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Vandalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>210 East Walsh</u> 0041	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Iota</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 27, 1954</u>
----------------------------------------------------------------------------------------------------------------	--	--	--------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 17, 1903</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	-----------------------------------------------------------------------	----------------------------------------	-------------------------------------------	-----------------------------------------	-----------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Vandalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
--------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------	------------------------------------------------------------------------------	--	----------------------------------------

13a. FATHER'S NAME <u>Amos Sutton</u>	13b. MOTHER'S MAIDEN NAME <u>Nettie Baugh</u>	14. NAME OF HUSBAND OR WIFE <u>John Henry Miller, Jr</u>
---------------------------------------	-----------------------------------------------	----------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd Miller, Vandalia, Missouri</u>	
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	-----------------------------------------------------------------------------------	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>2 Months</u>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 12-25, 1954, to 12-27, 1954, that I last saw the deceased alive on 12-27, 1954, and that death occurred at 4:17 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James D. Lane, M.D.</u>	23b. ADDRESS <u>Mexico, Mo.</u>	23c. DATE SIGNED <u>12-28-54</u>
-------------------------------------------------------------	---------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 29, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Vandalia, Missouri</u>
---------------------------------------------------------	-------------------------------	-------------------------------------------------------------	-------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>Dec 28 1954</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	FUNERAL DIRECTOR'S SIGNATURE <u>William D. Waters</u>	ADDRESS <u>Vandalia, Mo.</u>
---------------------------------------------	--------------------------------------------	-------------------------------------------------------	------------------------------

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.....
Signature of Student Embalmer

Signed *William B. Tuttle*.....

Licensed Embalmer No. *416*.....

P. O. Address *Candale*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.