

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 18 1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Pulaski
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland, Missouri c. LENGTH OF STAY (In this place) 4 days
c. CITY OR TOWN Independence, Mo d. Is Residence within limits of a city or incorporated town? Yes W No D

d. FULL NAME OF HOSPITAL OR INSTITUTION: None
• STREET ADDRESS (If rural, give location) Unknown 7005

3. NAME OF DECEASED (Type or Print)
a. (First) Orytha b. (Middle) Oatherine c. (Last) Miller
4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH (In years last birthday) (Month) (Day) (Year) Oct. 29, 1875 79 9. AGE (In years last birthday) (Month) (Day) (Year) 79 79 79 79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Missouri, Cooper Co.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert T. Quisenberry 13b. MOTHER'S MAIDEN NAME Elenor Yancy 14. NAME OF HUSBAND OR WIFE William M. Miller

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 Hattie Quisenberry, Richland, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac dilatation INTERVAL BETWEEN ONSET AND DEATH 15 min
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Long Standing Heart Disease
DUE TO (c) arteriosclerosis
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 4500
20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 12, 1955 to Jan 14, 1955, that I last saw the deceased alive on Jan 12, 1955, and that death occurred at 1000 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] DO 2 23b. ADDRESS Richland, Missouri 23c. DATE SIGNED 1/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Jan/13/55 24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery 24d. LOCATION (City, town, or county) (State) Slater, Missouri Rural

DATE REC'D BY LOCAL REG. 1-13-55 REGISTRAR'S SIGNATURE [Signature] 45% 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Hedges Funeral Home Richland, Mo
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-13-56
Pulaski County Health Officer
File Number
Date Filled 1-15-56

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 *Clarence Innes*

Licensed Embalmer No. *4896*

P. O. Address *Waymart*

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.