

FILED MAR 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9138

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>5972</u>		Registrar's No. <u>40</u>		
1. PLACE OF DEATH a. COUNTY <u>Polk 0840</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk 0840</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flemington 1</u>		c. LENGTH OF STAY (in this place) <u>80 yrs.</u>		c. CITY OR TOWN <u>Flemington</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION.				e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Elizabeth Carrie</u>			b. (Middle) <u>Miller</u>		
c. (Last) <u>Miller</u>			4. DATE OF DEATH			(Month) (Day) (Year) <u>3 3 55</u>		
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 29, 1867</u>		
9. AGE (in years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee 1</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Jacob Stokes</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Larkins</u>		
14. NAME OF HUSBAND OR WIFE <u>Marcus Allen</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u>		16. SOCIAL SECURITY NO. <u>--</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Jim Miller, Flemington, Mo.</u>				ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		ANTECEDENT CAUSES				<u>3 days</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Influenza</u>				<u>2 weeks</u>		
		DUE TO (c) <u>Smoking</u>						
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 <u>480 X</u>				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) (Min.)		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 <u>Oct 30, 1954</u> , to <u>March 2, 1955</u> , that I last saw the deceased alive on <u>March 2, 1955</u> , and that death occurred at <u>1:15 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. E. Buzze</u>				23b. ADDRESS <u>Do. 2 Wheatland, Mo.</u>		23c. DATE SIGNED <u>3-6-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/6/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Flemington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Flemington, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-19-1955</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Beckwith Funeral Home</u>		ADDRESS <u>Humansville, Mo.</u>		

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

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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 *O. H. Beckwith*.....

Licensed Embalmer No. *3937*

P. O. Address *Humansville*.....

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.