

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3703**

FILED MAR 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY <b>Atchison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Atchison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fairfax</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rock Port Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fairfax hospital</b>		d. STREET ADDRESS (If rural, give location) <b>7 mi west Rock Port Mo</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nora</b>	b. (Middle) <b>Ellen</b>	c. (Last) <b>Miller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 5-1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 17 1905</b>	9. AGE (In years last birthday) <b>50</b>	10. MONTH <b>8</b>	11. DAY <b>18</b>	12. HOUR <b></b>	13. MIN. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Java</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Java</b>	12. CITIZEN OF WHAT COUNTRY? <b></b>
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13a. FATHER'S NAME <b>Best Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Cora Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Eddie Miller</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>500-36-4873</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eddie Miller - Rock Port Mo</b>	18. ADDRESS <b></b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of upper abdomen</b>		b. <b>Primary</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
		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	<b>1991</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **Mar.**, 1955, to **March**, 1956, that I last saw the deceased alive on **Mar 5**, 1956, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wallace Carpenter, M.D.</b>	23b. ADDRESS <b>Rock Port Mo.</b>	23c. DATE SIGNED <b>3-6-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Mar. 7-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>High Creek Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>North west Rock Port Mo</b>
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DATE REC'D BY LOCAL REG. <b>Mar 14 1956</b>	REGISTRAR'S SIGNATURE <b>Thermin N. Schaefer</b> <b>443-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bertman Funeral Home - Rock Port</b>	ADDRESS <b></b>
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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 .....  
Student Embalmer

Signed *C. E. Burton*

Licensed Embalmer No. 1764

P. O. Address Rock Port, 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.