

FILED APR 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5773 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Princeton</b> )		c. CITY OR TOWN <b>Ravanna</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>7 days</b>		STREET ADDRESS (If rural, give location) <b>0650</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercer County Rest Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bell</b> b. (Middle) <b>Miller</b> c. (Last) <b>Miller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-20-56</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>10-1-1868</b>		9. AGE (In years last birthday) <b>87</b>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Mercer Co., Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James Mason</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret George</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Bryan Princeton, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u></b>			INTERVAL BETWEEN ONSET AND DEATH <b>9 hrs.</b>
*This does not mean the mode of dying, such as heart failure, ashenia, 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) <b>arteriosclerosis</b> DUE TO (c) <b>hypertension</b>			<b>5 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4 yrs.</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>33ix</b>		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 3-20-56, 19  , to 3-21-56, 19  , that I last saw the deceased alive on 3-21-56, 19  , and that death occurred at 9:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. C. A. C. C. Princeton, Mo</b>			23b. ADDRESS		23c. DATE SIGNED <b>3-20-56</b>
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <b>3-22-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Weisner</b>	
				24d. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo</b>	

DATE REC'D BY LOCAL REG. <b>3-26-56</b>		REGISTRAR'S SIGNATURE <b>Noel Moss</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Noel Moss Princeton, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 Amel....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Paul Mann.....

Licensed Embalmer No. 916.....

P. O. Address Quinton.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.