

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12182**

FILED APR 9 - 1956

BIRTH NO.		REG. DIST. NO. 379		PRIMARY REG. DIST. NO. 5553		Registrar's No. 154			
1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) Marionfield		c. LENGTH OF STAY (In this place) 1 year		c. CITY OR TOWN Marionfield		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION city				e. STREET ADDRESS (If rural, give location) 1140					
3. NAME OF DECEASED (Type or Print) a. (First) Eliza		b. (Middle) TRIFINA		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1956			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 1 1868		9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and State or Foreign Country) Marionfield Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Newton		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE A. L. Deceased					
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 Jola High		ADDRESS Marionfield 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Insufficiency				INTERVAL BETWEEN ONSET AND DEATH 1 year			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
				DUE TO (c) Arterio Sclerosis					
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 Jan 15 1955 , to Feb 27 1956 , that I last saw the deceased alive on Feb 21 1956 , and that death occurred at 7:30 P.M. , from the cause and on the date stated above.									
23a. SIGNATURE (Deceased or title) W. L. Gunn				23b. ADDRESS Mo. 2 Marionfield Mo.		23c. DATE SIGNED 3/1/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 29 1956	24c. NAME OF CEMETERY OR CREMATORY Mo. S		24d. LOCATION (City, town, or county) (State) Wright County Mo.				
DATE REC'D BY LOCAL REG. 3/23/56		REGISTRAR'S SIGNATURE Stan R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Max S. Miller Marionfield Mo.					

(Licensed Embalmers' Statement on Reverse Side)

County & the number
Date Filed **APR 6 1933**

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 *Max L Miller*

Licensed Embalmer No. *4*

P. O. Address *Manassas*

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.