

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32871

FILED OCT 2 1956

State File No.

REG. DIST. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 87

1031
WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Dexter</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eugenia</u> b. (Middle) <u>Florence</u> c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 13, 1863</u>
9. AGE (In years) Last birthday <u>93</u>		IF UNDER 1 YEAR <u>2</u> Months	IF UNDER 1 YEAR <u>2</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) / <u>Caldwell, Texas.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Phillip Bruce Scott</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Rice</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Miller (Dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>C. C. Miller, Dexter, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of age. (age 94 yrs)</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>None found</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</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) <u>Dexter, Stoddard Co. Mo.</u>	
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? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>Aug. 1, 1956</u> , to <u>Sept. 15, 1956</u> that I last saw the deceased alive on <u>Sept. 15, 1956</u> , and that death occurred at <u>6:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Dexter, Mo.</u>	23c. DATE SIGNED <u>Sept. 22-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-17-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>
DATE REC'D BY LOCAL REG. <u>9-21-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>	

409

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.....*Lucille Paisley*.....

Licensed Embalmer No...*4983*...

P. O. Address...*Depto, I*...

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.