

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3005 State File No. **36989**

FILED DEC 6 - 1956

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>	c. LENGTH OF STAY (in this place) <u>3 da</u>	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butlern Memorial Hospital</u>		• STREET ADDRESS (If rural, give location) <u>Rural-Shawnee Township,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u> b. (Middle) c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 10 1910</u>	9. AGE (10 years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u>	IF UNDER 12 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>Cabool, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Milo</u>		14. NAME OF HUSBAND OR WIFE <u>George Albert Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Albert Miller, Adrian Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HODGKINS DISEASE</u>		
	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. <u>PYOMETRA AND DEGENERATIVE LEIDYOMATA</u>		<u>UNKNOWN</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>UTERUS 201X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 Nov 21, 1956, to Nov 24, 1956, that I last saw the deceased alive on Nov 24, 1956, and that death occurred at 8:45A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John M. Cooper M.D.</u>	23b. ADDRESS <u>BUTLER, MO</u>	23c. DATE SIGNED <u>Nov. 30, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-26, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Adrian, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Nov. 30-56</u>	REGISTRAR'S SIGNATURE <u>Nendall Kerney</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sif Funeral Service Adrian Mo</u>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No..3650.....

P. O. Address..Adrian, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.