

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45371

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 164

S. 300  
r. 1-57

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville, Mo</b>		c. CITY OR TOWN <b>Richland, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR WAY, GEN HOSP. INSTITUTION		d. STREET ADDRESS <b>Rural Rt. 1.</b>	
3. NAME OF DECEASED (Type or print) First <b>Rondal</b> Middle <b>Kay</b> Last <b>Miller.</b>		4. DATE OF DEATH Month <b>12</b> Day <b>10</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov 27, 1957</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Waynesville, Mo.</b>
13a. FATHER'S NAME <b>James Lilburn Miller.</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Belle Hargett</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>James Lilburn Miller</b> Address <b>Richland, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>respiratory failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>toxicity</b> DUE TO (c) <b>Intussusception</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>5700</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>11-27-57</b> to <b>12-10-57</b> and last saw her alive on <b>12-10-57</b> Death occurred at <b>6:30</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. E. Nichols M.D.</b> (Degree or title)		22b. ADDRESS <b>Waynesville, Missouri</b>	22c. DATE SIGNED <b>12-11-57.</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>12/11/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Richland, Mo</b>
24. FUNERAL HOME <b>Hedges Funeral Home Richland, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>11-16-57</b>	26. REGISTRAR'S SIGNATURE <b>Paula Grace Anderson</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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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 .....  
Signature of Student Embalmer

Signed *Clarence M. O'S* .....

Licensed Embalmer No. *4896* .....

P. O. Address *Waynesville, N.C.* .....

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.