

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

132

STATE FILE NUMBER

FILED JAN 20 1958

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 4

|  |                                  |   |  |   |   |   |  |
|--|----------------------------------|---|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Barton</u>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u>   |                                  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <u>Miller</u>   |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                       |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>  |                                  |   | Length of stay in 1b   | d. STREET ADDRESS (If outside, give location) <u>R.F.D.</u>   |   |   | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Nina</u> Middle <u>May</u> Last <u>Morris</u>  |                                  |   |  | 4. DATE OF DEATH<br>Month <u>1</u> Day <u>10</u> Year <u>1958</u>   |   |   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>white</u>    | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-9-1882</u>   | 9. AGE (In years last birthday) <u>75</u>   | IF UNDER 1 YEAR<br>Months <u>11</u> Days <u>1</u> | IF UNDER 24 HRS.<br>Hours <u>1</u> Min.   |  |
| 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 country) <u>Lawrence Co.</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |  |
| 13. FATHER'S NAME <u>John Hagler</u>   |                                  |   |  | 14. MOTHER'S MAIDEN NAME <u>Josephine Satter</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. <u>None</u>   |  | 17. INFORMANT <u>Mr. Carl Morris Miller Mo.</u><br>Address  |   |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>  |                                  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  | DUE TO (b) <u>Arteriosclerosis Cardis-vascular disease</u>  |  |   |   | DUE TO (c) <u>several years</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |                                  |   |  |   |   | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |  |
| 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<br>Hour _____ Month, Day, Year _____<br>a. m. _____ p. m. _____  |                                  |   |  |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <u>12/28/57</u> to <u>1/10/58</u> and last saw her alive on <u>1/10/58</u><br>Death occurred at <u>8:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |   |  |
| 22a. SIGNATURE (Degree of title) <u>A. R. Cain MD</u>  |                                  |   |  | 22b. ADDRESS <u>Lamar, Mo</u>   |   | 22c. DATE SIGNED <u>1/10/58</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>1-12-1958</u>       | 23c. NAME OF CEMETERY OR CREMATORY <u>Red Oak</u>   |  | 23d. LOCATION (City, town, or county) <u>West of Miller Mo.</u>   |   | (State)   |  |
| 24. FUNERAL DIRECTOR <u>Edw. Lemmon Miller Mo.</u>   |                                  |   | ADDRESS  |   | 25. DATE RECD. BY LOCAL REG. <u>JAN 13 58</u>     | 26. REGISTRAR'S SIGNATURE <u>Marie Konantz</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

JAN 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, ~~or~~ by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....

Signature of Student Embalmer

Signed .....

*E. R. Linn*

Licensed Embalmer No. 31

P. O. Address *Miller*

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.