

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033573  
STATE FILE NUMBER

FILED SEP 24 1958 Registration District No. 226 Primary Registration District No. 5801 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Monroe</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Twsp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Washington Twsp.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>10 Mi. S. Shelbina 13 Mos.</b>		Length of stay in 1b <b>13 Mos.</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Addie</b> Middle <b>Blanchie</b> Last <b>Miller</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>19,</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 20, 1868</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Equestrienne</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Show Horses</b>	11. BIRTHPLACE (City and state or country) <b>State of Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Artemis Cyrus McKenney</b>	13b. MOTHER'S MAIDEN NAME <b>Vesta Anna Adkinson</b>	14. NAME OF HUSBAND OR WIFE <b>Lem Hunter (died 1929) Charles Miller # 1950</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Vernie Farrell, RFD Lakenan, Mo.</b>
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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>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____ <b>4201</b>	
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"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>4201</b>	COUNTY _____ STATE _____
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21. I attended the deceased from <b>Sept. 19 - 58</b> , to <b>Sept. 19</b> and last saw her alive on <b>Sept. 19 - 58</b> . Death occurred at <b>10:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a: SIGNATURE <b>R. L. Caldwell D.O. 2</b>	22b. ADDRESS <b>Shelbina, Missouri</b>	22c. DATE SIGNED <b>Sept. 20/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/22/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Haddam Cemetery</b>	23d. LOCATION (City, town, or county) <b>Haddam, Kansas</b>
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24. FUNERAL DIRECTOR <b>Hayes Funeral Home, Shelbina, Mo.</b>	ADDRESS _____	25. DATE RECD. BY LOCAL REG. <b>9-20-58</b>	26. REGISTRAR'S SIGNATURE <b>E. L. Robertson</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 ..... *Paul E. Hayes* .....

..... OF: Licensed Embalmer No. 4461  
P. O. Address Shelbina, 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.