Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035426
STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 27 Primary Registration District No. 4033 Registrar's No. 149

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Amoret — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b 32 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Amoret — Inside Limits Yes [X] No [ ]
0070 STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Myrle Middle Fern Last Miller
4. DATE OF DEATH Month 11 Day 1 Year 58
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 9-26-1926
9. AGE (In years last birthday) 32 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Homemaker
11. BIRTHPLACE (City and state or country) Amoret, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Wm. Grant Miller
13b. MOTHER'S MAIDEN NAME Dora Cole
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. (not available)
17. INFORMANT Address Mrs. Dora Miller, Amoret, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Multiple Sclerosis — 12 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 345 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 August 1946, to Nov. 1, 1958 and last saw her alive on Oct. 31, 1958
Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. N. Schwab (Degree or title) D. O. 2
22b. ADDRESS Amoret, Mo.
22c. DATE SIGNED 11-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 11-3-58
23c. NAME OF CEMETERY OR CREMATORY Richland Cemetery
23d. LOCATION (City, town, or county) (State) Linn County, Kans.

24. FUNERAL DIRECTOR ADDRESS Archer & Mangold, Amsterdam, Mo.
25. DATE RECD. BY LOCAL REG. Nov-8-1958
26. REGISTRAR'S SIGNATURE Randall Kerns

(Licensed Embalmer's Statement on Reverse Side)

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 Robert L. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans

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.