

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038783
STATE FILE NUMBER

FILED DEC 12 1958 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 262

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1-57

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mexico 00430 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		Length of stay in 1b 37 days	d. STREET ADDRESS (If outside, give location) 615 S. Olive Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Martha Middle May Last Miller			4. DATE OF DEATH Month Nov. Day 30 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25, 1904	9. AGE (In years last birthday) 54	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) Christian Education Dir.	10b. KIND OF BUSINESS OR INDUSTRY Religion	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Egbert Miller	13b. MOTHER'S MAIDEN NAME Minnie May Kellerhalls	14. NAME OF HUSBAND OR WIFE None
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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) no	16. SOCIAL SECURITY NO. 488-38-4308	17. INFORMANT Mr. Egbert Miller Mexico, Missouri Address 615 S. Olive
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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) Metastatic carcinoma.		INTERVAL BETWEEN ONSET AND DEATH 6 months 2 1/2 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Adenocarcinoma stomach	
	DUE TO (c) _____	
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.) 151X
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from 5-25-56 to 11-30-58 and last saw her alive on 11-30-58 Death occurred at 11: A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold A. Sanford M.D.	22b. ADDRESS Mexico Mo	22c. DATE SIGNED 12-1-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-1-1958	23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park Mexico, Missouri	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. Dec 1-1958	26. REGISTRAR'S SIGNATURE Blanche Steely
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All diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 HAROLD A. SANFORD, M.D.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Les H. Whitaker*

Licensed Embalmer No. *4780*

P. O. Address *Mining*

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.