

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005012

STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 101

Primary Registration District No.

Registrar's No. 16

300  
-57

Health,  
Welfare  
Public  
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 Doctor, coroner, etc. must use only standard nomenclature in Part I. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lincoln</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Seymour</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Route 4</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mellie Miller</b>			4. DATE OF DEATH Month Day Year <b>Feb. 11, 1959</b>
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"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 14, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	9. AGE (In years last birthday) <b>78</b>
11. BIRTHPLACE (City and state or country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
13a. FATHER'S NAME <b>John W. Allen</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Ann Hubbard</b>	14. NAME OF HUSBAND OR WIFE <b>Travis N. Miller</b>
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 Address <b>Ira W. Allen, R. 4, Seymour, Missouri</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>Asphyxia and Sepsis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Mediastinal Abscess and Emphysema, Pulmonary Emphysema, and Bronchial Stenosis</b>			<b>?</b>
DUE TO (c) <b>Chronic Purulent, Bronchitis &amp; Bronchiectasis</b>			<b>?</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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <b>May-10-58</b> to <b>2/11/59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>2/9/59</b> Death occurred at <b>1: P. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A. R. Gill</b> (Degree or title)		22b. ADDRESS <b>Seymour</b>	22c. DATE SIGNED <b>2/14/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>2-13-59</b>	<b>Dogwood</b>	<b>Ava, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Clinkingbeard Funeral Home, Ava, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb 16 59</b>	26. REGISTRAR'S SIGNATURE <b>Wesley Bushman</b>

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 *Charles R. Fish* .....

Licensed Embalmer No. *4662* .....

P. O. Address *Qu., 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.