DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-021991

STATE FILE NUMBER

JUL 13 1959

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Johnson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg — Length of stay in 1b 7 Weeks	c. CITY OR TOWN Warrensburg — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 120 Tyler St. — Inside Limits Yes [X] No [ ]	d. STREET ADDRESS (If outside, give location) 120 Tyler — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Helen Middle Elizabeth Last Miller		4. DATE OF DEATH Month July Day 3, Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. Married [ ] Never Married [ ] Widowed [ ] Divorced [X]	8. DATE OF BIRTH 6/19/1909
9. AGE (last birthday) 50	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY Jr. High	11. BIRTHPLACE (City and state or country) Center, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME D. E. Mothersead	13b. MOTHER'S MAIDEN NAME Elizabeth Vance	14. NAME OF HUSBAND OR WIFE	
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. 414-38-8986	17. INFORMANT E. S. Mosby Address Warrensburg, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Metastatic carcinoma	@ 5 mo
DUE TO (b)	Carcinoma of esophagus	11 mo
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 6-15-59 to 7-3-59 and last saw her/him alive on 7-3-59

Death occurred at 6:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Ledere, M.D.	22b. ADDRESS Warrensburg, Mo.	22c. DATE SIGNED 7-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/5/1959	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State) Warrensburg, Mo.		
24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips Warresburg, Mo.	25. DATE RECD. BY LOCAL REG. July 5, 1959	26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 14 1959

JUL 8 1 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Morris D. Bailey
Signature of Student Embalmer

Licensed Embalmer No. 4 8 8

P. O. Address Warren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.