URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 0 4 3 7 6 5

STATE FILE NUMBER

FILED VS DEC 29 1959

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 16

NDED

1. PLACE OF DEATH
a. COUNTY: Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gallatin
Length of stay in 1b: 21 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ---
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Daviess
c. CITY OR TOWN: Gallatin
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ---
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rose Middle: Mae Last: Miller

4. DATE OF DEATH: Month December Day 21 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-9-1894
9. AGE (last birthday): 65
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Daviess Co. Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Oscar Stanley
13b. MOTHER'S MAIDEN NAME: Katherine Webber
14. NAME OF HUSBAND OR WIFE: Homer Miller

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.: 498-24-5559
17. INFORMANT: Homer Miller, Gallatin, 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)	Coronary Thrombosis	10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiac enlargement mitral leak	1 1/2 yrs
DUE TO (c)	Edema of chest + abdomen, Cholecystitis	3 mths

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 June 19 57, to Dec 21/59 and last saw her/him alive on Dec 20/59
Death occurred at About 4:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T H Bailey MD
22b. ADDRESS: Gallatin Mo
22c. DATE SIGNED: 12/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-24-1959
23c. NAME OF CEMETERY OR CREMATORY: Centenary Cemetery
23d. LOCATION (City, town, or county) (State): Gallatin, Missouri

24. FUNERAL DIRECTOR: R Richardson
ADDRESS: Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG.: 12-28-1959
26. REGISTRAR'S SIGNATURE: Virgil M Tengelsen

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 3302

P. O. Address _____

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