

FILED DEC 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41075

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 153

272
4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cooper Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Boonville, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Centertown, Mo	
c. LENGTH OF STAY (in this place) 1 Month		d. STREET ADDRESS (If rural, give location) Centertown, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Haas Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Jane	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) Dec 10 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 30. 1854	9. AGE (In years last birthday) 97	IF UNDER 1 YEAR Months 3 Days 10	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) house wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Madison Hayter	13b. MOTHER'S MAIDEN NAME Synthia Powell	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. None	17. INFORMANT'S SIGNATURE OR NAME Dr. J. P. Miller	ADDRESS Boonville, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 years no record.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Advanced Senility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11-20, 1951, to 12-10, 1951, that I last saw the deceased alive on 12-10, 1951, and that death occurred at 10:00 Am., from the causes and on the date stated above.

23a. SIGNATURE W. E. Stone	(Degree or title) M.D.	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 12-11-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/12/1951	24c. NAME OF CEMETERY OR CREMATORY Shiolah Cemetary	24d. LOCATION (City, town, or county) (State) Centertown, Mo R.F.D.
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DATE REC'D BY LOCAL REG. 12-11-51	REGISTRAR'S SIGNATURE Dr. Hooper	381	25. FUNERAL DIRECTOR'S SIGNATURE EARL BOWDIN CALHOUN	ADDRESS
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RECEIVED DEC 17 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 17 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Edna Bonlin

Signed.....
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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 this body is not embalmed, fact should be so stated above.