

S. No. 300  
V. 10-48

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5480

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>California, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>California, Mo Walker</u>	
c. LENGTH OF STAY (In this place) <u>26 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del, California, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mayme</u> b. (Middle) _____ c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 26 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Jan. 29. 1889</u>		9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Days <u>11</u> Hours <u>28</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>J.P. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Hayter</u>		14. NAME OF HUSBAND OR WIFE	
--	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs H. J. English</u>	
				ADDRESS <u>California</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic carcinoma of liver</u>			<u>? 10 mos.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adeno Carcinoma of Transverse Colon</u>			<u>? 1 year.</u>	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>153X</u>	

19a. DATE OF OPERATION <u>Jan 20 49 TION</u> <u>July 19 49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adeno Carcinoma of Transverse Colon</u> <u>metastatic in liver.</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept 27, 1949, to Jan 26, 1950, that I last saw the deceased alive on Jan 25, 1950, and that death occurred at 3:50 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edgar A. Kibbe M.D.</u>		23b. ADDRESS <u>2187 Oak California</u>		23c. DATE SIGNED <u>1/28/50</u>	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial T</u>		24b. DATE <u>1/28/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo. Rt #2</u>	

DATE REC'D BY LOCAL REG. <u>1-27-50</u>		REGISTRAR'S SIGNATURE <u>H.R. Popgoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl R. Bowlin</u>	
				ADDRESS <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0681  
0

MAR 2 1950

District File Number

District Health Officer No. 9,

RECEIVED FEB 20 1950

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 Student Embalmer

Signed *Ernest A. Franklin*

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.