S. No. 300
v. 10.48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35835

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 81

0950 1

1. PLACE OF DEATH
a. COUNTY Ste Genevieve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bloomsdale
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ste Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bloomsdale 0950
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Alwen b. (Middle) W c. (Last) Miller

4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 11 1883

9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months 8 Days 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY V

11. BIRTHPLACE (State or foreign country) Texas Co Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas J. Miller

13b. MOTHER'S MAIDEN NAME Sarah E Jordan

14. NAME OF HUSBAND OR WIFE Daisy Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. V

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daisy Miller Bloomsdale Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemiplexy — INTERVAL BETWEEN ONSET AND DEATH 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis with hypertension 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
3-1X

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

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) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 12 1948 *to* Nov 3 1950, *that I last saw the deceased alive on* Nov 3 1950, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thos E Jefferson M.D. — 23b. ADDRESS Ste. Genevieve Mo. — 23c. DATE SIGNED Nov. 4 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE Nov 6 1950 — 24c. NAME OF CEMETERY OR CREMATORY St Francois Memo Pk — 24d. LOCATION (City, town, or county) (State) Bonne Terre Mo

DATE REC'D BY LOCAL REG. Nov. 7 1950 — REGISTRAR'S SIGNATURE Teresa M. Kuel-Dep — 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Benham Funeral Home Bonne Terre Mo

(Licensed Embalmer's Statement on Reverse Side)

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

moval

RECEIVED
NOV - 9 1950
DISTRICT HEALTH OFFICE No. 4
File No. ----------

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 Clarence J. Caywood

Signed.....
Student Embalmer

Licensed Embalmer No. 3706

P. O. Address Bourne Texas

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.