

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38459

Do not use this space.

FILED DEC 13 1944

1. PLACE OF DEATH  
(a) County Nodaway Registration District No. 251  
(b) Township Maryville, Mo. Primary Registration District No. 3048 Registered No. 173  
(c) City Maryville, Mo. (d) Street No. St. Francis Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 18 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dolphus Cross Miller  
(a) Residence, No. Fairfax, Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Vivian (Neal) Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55 8 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Las Vegas, Mo.

13. NAME Gus Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor Illinois

15. MAIDEN NAME Luella Buscha

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coryng Missouri

17. INFORMANT Mrs. Vivian Miller,  
(ADDRESS) Fairfax, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge Cemetery DATE Nov. 14, 1944

19. FUNERAL DIRECTOR H. H. Schooler,  
(ADDRESS) Fairfax, Mo.

20. FILED 11-15-44 Clay Barber  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12 1944

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1944, to 11-12, 1944  
I last saw him alive on 11-11, 1944 Death is said to have occurred on the date stated above, at 8:20 a.m.  
The principal cause of death and related causes of importance were as follows:  
Acute coronary occlusion 1025  
Date of onset

Other contributory causes of importance: 940

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. C. Bauman, M. D.  
(Address) Fairfax, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I-12004

STATEMENT BY LICENSED EMBALMER

I, Harvey H. Schooler, Licensed Embalmer No. 16621  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Harvey H. Schooler  
Licensed Embalmer No. 16621

**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.)**