No. 300
10.48

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

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8078

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 245

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield, O
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

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

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Ebler
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): March 13 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June-17-1883
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 9, Days 1 — IF UNDER 1 HR.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Greene County O Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Charles E. Miller
13b. MOTHER'S MAIDEN NAME: Olivia Tatum
14. NAME OF HUSBAND OR WIFE: Single
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.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Hazel Miller — ADDRESS: Springfield 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) Anterior Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.
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* 11 March *, 19*49*, to* 13 March *, 19*49 *that I last saw the deceased alive on* 13 March *, 19*49*, and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul O. Morton, M.D. (Degree or title): O.
23b. ADDRESS: 1630 N. Jefferson Springfield Mo
23c. DATE SIGNED: 3-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March-16-1949
24c. NAME OF CEMETERY OR CREMATORY: Clear Creek
24d. LOCATION (City, town, or county) (State): Near Bois Darc Mo

DATE REC'D BY LOCAL REG.: 3/15/49
REGISTRAR'S SIGNATURE: W. E. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Grace Brown, Walnut Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed Warren D. Noblett

Signed.....
Student Embalmer

Licensed Embalmer No. 4005

P. O. Address Ash Grove Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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