

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11721

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5164</u>		Registrar's No. <u>145</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CALLAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FULTON</u>		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. 1</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>Bailey</u>		c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 30. 1949</u>	
5. SEX. <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 14, 1864</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>16</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>Readsville, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William P. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Mateer</u>		14. NAME OF HUSBAND OR WIFE <u>D.K.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>D.K.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Homer Kemp</u>		ADDRESS <u>Fulton, Mo.</u>	
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>High blood pressure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL/BETWEEN ONSET AND DEATH <u>a short time</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Apr 29, 1949</u> to <u>Apr 30, 1949</u> , that I last saw the deceased alive on <u>Apr 29, 1949</u> , and that death occurred at <u>10 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. J. Owen M.D.</u>				23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>Apr 30 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 2 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HARMONY</u>		24d. LOCATION (City, town, or county) (State) <u>CALLAWAY CO. MO</u>	
DATE REC'D BY LOCAL REG. <u>May 3-1949</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glen Y. Marpin</u>		ADDRESS <u>Fulton, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed  
MAY 11 1949

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 \_\_\_\_\_  
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Mo

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.