

No. 300
10-48

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16532

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>LIVINGSTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CALDWELL</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHILLICOTHE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRAYMER, MO.</u>	
c. LENGTH OF STAY (in this place) <u>10 min</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH CHILLICOTHE, MO.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u>	b. (Middle)	c. (Last) <u>MILLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, '49</u>
--	-------------	-------------------------	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Aug 15, 1886</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>RAY CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>WILLIAM MORGAN MILLER</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN METZ</u>	14. NAME OF HUSBAND OR WIFE <u>MAGGIE DIETUS MILLER</u>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>ELIZA MILLER BRAYMER, MO.</u>	ADDRESS _____
---	-------------------------------	--	---------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Central Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>25 hours</u>
	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. <u>Arterio-Sclerosis</u>			<u>33IX</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</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) <u>Caldwell MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>

22. I hereby certify that I attended the deceased from Oct 19th to Apr 24, 19th, that I last saw the deceased alive on Apr 24, 19th, and that death occurred at 11-00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cardinal B. Sheehan, M.D.</u>	23b. ADDRESS <u>Braymer, Mo.</u>	23c. DATE SIGNED <u>Apr 26, 49</u>
---	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4/26/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>	24d. LOCATION (City, town, or county) (State) <u>Braymer, Mo.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>April 24/49</u>	REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene C. Michael</u>	ADDRESS <u>Braymer, Mo.</u>
---	---	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

59
3

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 Gene C. Michael

Signed
Student Embalmer

Licensed Embalmer No. 4340

P. O. Address Brayner, 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.