

FILED JUL 7 1949

STANDARD CERTIFICATE OF DEATH

18762

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 225

1. PLACE OF DEATH a. COUNTY <u>Butler Beaver Dam Twp</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff Beaver Dam</u>	
c. LENGTH OF STAY (If this place) <u>4 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1, Harrell, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jonnie</u> b. (Middle) / c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-11-1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colo.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid.</u>	8. DATE OF BIRTH <u>9-7-</u>
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR <u>9</u> Day	IF UNDER 1 HR. <u>7</u> Hours
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 _____	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Sikes</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Cora Miller - mother - Harrell Mo.</u>	18. ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</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>Enterocolitis</u>		4222	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>b</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 June 1, 1949, to June 11, 1949, that I last saw the deceased alive on June 11, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. R. H. Miller</u>	23b. ADDRESS <u>Poplar Bluff Mo.</u>	23c. DATE SIGNED <u>22 June 49</u>
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24a. BURIAL _____	24b. DATE <u>6-13</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cropperville</u>	24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 25, 1949</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> 428	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rw. J. B. Rose - Poplar Bluff Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING INK—MAKE A PERMANENT RECORD

JUL 5 RECD

BUTLER COUNTY HEALTH CENTER

BOULEVARD, WILKES BARRE, PA 18703

149-152

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.

Student
Student Embalmer

Signed

Fred J. Smith

Licensed Embalmer No. *4408*

P. O. Address *Sikeston, 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.