

FILED JUN 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20547

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4414 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Platte City <i>Wassell</i> c. LENGTH OF STAY (in this place) 31 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Platte City	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Cary c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) June 10, 1949
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 7, 1877
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinarian	11. BIRTHPLACE (State or foreign country) Barnard, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Samuel Miller	
13b. MOTHER'S MAIDEN NAME Elizabeth McCoy		14. NAME OF HUSBAND OR WIFE Laura Goff Miller	
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. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lawrence Baker		ADDRESS St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis 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		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 June 10, 1949 , to June 10, 1949 , that I last saw the deceased alive on June 10, 1949 , and that death occurred at 3 P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Graham Packer M.D.		23b. ADDRESS Platte City, Mo	
23c. DATE SIGNED 6/11/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6-13-49		24c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery	
24d. LOCATION (City, town, or county) (State) Platte City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Philia Rollins	
DATE REC'D BY LOCAL REG. 6-11-49		ADDRESS Platte City, Mo.	

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

RECEIVED JUN 21

District Health Officer No. 8,

District File Number.....

Date Filed 6-21-49

JAN 18 1950

FEB 2 1953

JUL 7 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.....

Roland M. Giffey

Student Embalmer No. 260

working under my personal supervision

Student

Roland M. Giffey
Student Embalmer

Signed

J. W. Brill

Licensed Embalmer No. 837

P. O. Address Wester, 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.