

10. 300
0. 48

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23117

State File No. _____

Registrar's No. 655

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2008		Registrar's No. 655	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark			
b. CITY (If outside corporate limits, write RURAL and give town) Springfield		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Gainesville			
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Bapt. Hospital				d. STREET ADDRESS (If rural, give location) 710			
3. NAME OF DECEASED (Type or Print) a. (First) ALBERT		b. (Middle) BRUSTER		c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) July 22, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 21 Nov. 1877	
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe cobbler		10b. KIND OF BUSINESS OR INDUSTRY Shoe cobbler		11. BIRTHPLACE (State or foreign country) Mammoth, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frank Miller		13b. MOTHER'S MAIDEN NAME Cass Maddox		14. NAME OF HUSBAND OR WIFE Myrtle Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Webb, Springfield, Missouri			
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) Cancer of Rectum ANTECEDENT CAUSES Carcinoma of Liver Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exhaustion DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH 6 mo 6 wks 96 hrs 154x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		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 July 20, 1949 , to July 22, 1949 , that I last saw the deceased alive on July 22, 1949 , and that death occurred at 2:38 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Robert G. ... (Degree or title)				23b. ADDRESS ...		23c. DATE SIGNED 7-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 24 July 1949		24c. NAME OF CEMETERY OR CREMATORY Miller Cemetery		24d. LOCATION (City, town, or county) (State) Ozark County, Missouri	
DATE REC'D BY LOCAL REG. 7-25-49		REGISTRAR'S SIGNATURE W.E. Handley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Thomas, Springfield, Mo			

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

39
2

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..... *Fred C. Thieme*

Signed.....
..... Student Embalmer

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.