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FILED AUG 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24058

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Home in Macon Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Mo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thomas E. Miller</u>				d. STREET ADDRESS (If rural, give location) <u>203 Baird St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas E</u> b. (Middle) <u>Miller</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 23 - 49</u>				
5. SEX <u>MD</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 26 - 1871</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		9. AGE (In years last birthday) <u>78</u> 10. UNDER 1 YEAR Months <u>2</u> Days <u>27</u> 11. UNDER 1 MRS. Hours <u>0</u> Min.	
11. BIRTHPLACE (State or foreign country) <u>Macon Co Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>0</u>			
13a. FATHER'S NAME <u>John W. Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Maria Zollaman Maude Miller</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maude Miller</u>		ADDRESS <u>Macon 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>Acute myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senile atrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/27/49</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>Mar 24, 1949</u> , to <u>April 23, 1949</u> , that I last saw the deceased alive on <u>Mar 23, 1949</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed Madoff</u>				23b. ADDRESS <u>Macon Mo</u>		23c. DATE SIGNED <u>5/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friendship Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Southeast of Macon</u>	
DATE REC'D BY LOCAL REG. <u>7/23/49</u>		REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Stephens &amp; Goudding</u>		
					ADDRESS <u>Macon</u>		

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

RECEIVED AUG 1 1949  
District Health Officer No  
Permit No. Number 8-49-  
Date Recd AUG 1 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.

Student .....  
Student Embalmer

Signed

*C. L. Stephens*

Licensed Embalmer No. 3057

P. O. Address Macon, 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.