

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33394  
Registrar's No. 93

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5340

1. PLACE OF DEATH  
a. COUNTY Dade  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Smith Twp.  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY Laverne  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miller Mo. 53  
d. STREET ADDRESS (If rural, give location) R.F.D. 1

3. NAME OF DECEASED (Type or Print)  
a. (First) Merritt b. (Middle) Tobin c. (Last) Vaile

4. DATE OF DEATH (Month) (Day) (Year)  
10-27-1949

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow

8. DATE OF BIRTH 3-22-1874

9. AGE (In years last birthday) Months Days Hours Min. 75 7 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Dade Co. Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME J.S. Vaile

13b. MOTHER'S MAIDEN NAME Lorena Howe

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Clement Vaile Miller 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocardial infarction  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Coronary Sclerosis Years 75  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
75

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) m. \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. R. Cain M.D.

23b. ADDRESS Greenfield Pa.

23c. DATE SIGNED 10/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-30-49

24c. NAME OF CEMETERY OR CREMATORY Round Grove

24d. LOCATION (City, town, or county) (State) Round Grove Mo.

DATE REC'D BY LOCAL REG. 11-2-49

REGISTRAR'S SIGNATURE Geo L. Weir 79

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Monroe - Keimor Miller Mo.

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

RECEIVED NOV 7 1949

District Health Office No. 6,

District File Number 1140-1125

Date Filed 11-8-49

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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 \_\_\_\_\_

*A. R. Lemon*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3297

P. O. Address \_\_\_\_\_

*Miller 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.