S. No. 300
10-48

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34274

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONCORDIA, MO
c. LENGTH OF STAY (in this place): 6 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONCORDIA, MO 54 1
d. STREET ADDRESS (If rural, give location): 17 EAST 10th 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): J
c. (Last): MILLER

4. DATE OF DEATH (Month) (Day) (Year): OCT 22 1949

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: NOV 8, 1876
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 11, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): GERMANY 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JURGEN MILLER
13b. MOTHER'S MAIDEN NAME: ANNIE GOOHSEN
14. NAME OF HUSBAND OR WIFE: ELIZABETH 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.: NO
17. INFORMANT'S SIGNATURE OR NAME: VERA MILLER — ADDRESS: CONCORDIA, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis, generalized
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

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* Oct 18, 1949 *to* Oct 22, 1949, *that I last saw the deceased alive on* Oct 22, 1949 *and that death occurred at* 11 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], M.D. 0
23b. ADDRESS: Concordia, Mo.
23c. DATE SIGNED: 10/23/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT 25, 1949
24c. NAME OF CEMETERY OR CREMATORY: ST PAUL'S CEMETERY
24d. LOCATION (City, town, or county) (State): CONCORDIA, MO

DATE REC'D BY LOCAL REG.: Oct 25-1949
REGISTRAR'S SIGNATURE: Clayton W. Landrum 154 0
25. FUNERAL DIRECTOR'S SIGNATURE: E. S. James — ADDRESS: Concordia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 4
District Health Officer No. 8,
District File Number.....
Date Filed 11-4-49

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 Me

....., Student Embalmer No. .....,

working under my personal supervision.

Signed E. S. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.