

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37817

State File No.

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4271 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY OR TOWN <u>Alma Mo</u>	c. LENGTH OF STAY (If this place) <u>6 hours</u>	c. CITY OR TOWN <u>Lexington Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lectallen</u> b. (Middle) <u>Miller</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29-1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Color</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 29-1905</u>	9. AGE (In years last birthday) <u>44</u> If UNDER 1 YEAR: Months <u>1</u> Days <u>2</u> If UNDER 1 RES. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Dover Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Menov</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Joe Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>495-10-4624</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Miller</u> ADDRESS <u>Lexington Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>420.1</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Died suddenly at alma</u> DUE TO (c) <u>no in a motor car party on the 9th night of May 50 going past the street crossing.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>no operatio</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED* WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no injury</u>
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22. I hereby certify that I attended the deceased from called on, 10 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.B. Martin</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>10-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dover Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 10-1949</u>	REGISTRAR'S SIGNATURE <u>Clayton N. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grandson</u> ADDRESS <u>Lexington Mo.</u>
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204 50 24 St

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

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RECEIVED NOV 9 NOV 15

District Health Officer No. 8,

District File Number.....

Date Filed 11-17-49

NOV 18 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: [Signature]

Licensed Embalmer No. 1350

P. O. Address [Signature]

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.