

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37835

State File No.

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005
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>392</u>		PRIMARY REG. DIST. NO. <u>4276</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pierce Township</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pierce Township</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles N.E. Pierce City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles N.E. Pierce City</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles N.E. Pierce City</u>			
3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u>		a. (First)		b. (Middle) <u>ANTHONY</u>		c. (Last) <u>MILLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 24 1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>March 27-1874</u>		9. AGE (In years last birthday) <u>75</u>		if UNDER 1 YEAR Month Day Hours <u>7 28</u>		if UNDER 1 WKS. Hours 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>Onawa Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Anthony Miller</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Theresa Miller Pierce City 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>Carcinoma of prostate gland</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>1947</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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>June 3, 1947</u> , to <u>Nov 24, 1949</u> , that I last saw the deceased alive on <u>Nov 24, 1949</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>				23b. ADDRESS <u>Pierce City, Mo</u>		23c. DATE SIGNED <u>Nov 26, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov 28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 28</u>		REGISTRAR'S SIGNATURE <u>Mrs. Claude Edwards</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Edward P. White</u>		ADDRESS <u>Pierce City Mo</u>	

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, ~~Edwin J. Welch~~.....

Edwin J. Welch

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Edwin J. Welch

Licensed Embalmer No. *4637*.....

P. O. Address *Pierce City 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.