

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42145**
Registrar's No. **RS**

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6036		Registrar's No. RS	
1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) Briar-Shirley township		c. LENGTH OF STAY (in this place) 22 years		c. CITY (If outside corporate limits, write RURAL and give township) Briar-Shirley Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles west of Doniphan				d. STREET ADDRESS (If rural, give location) 7 miles west of Doniphan			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) W.		c. (Last) MILLER	
4. DATE OF DEATH (Month) (Day) (Year) 12-13-1949		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH 11-24-1868		9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired		11. BIRTHPLACE (State or foreign country) Kentucky	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jay Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS HERBERT MILLER - BRIAR, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis 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.				INTERVAL BETWEEN ONSET AND DEATH 331X	
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)		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 Nov 12-13, 1949 , to _____, 19____, that I last saw the deceased alive on 12-13- , 19 49 , and that death occurred at 2:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Edgar Adamson M.D.				23b. ADDRESS Doniphan, Mo.		23c. DATE SIGNED 12-15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 12-16-1949		24c. NAME OF CEMETERY OR CREMATORY Beebe Cemetery		24d. LOCATION (City, town, or county) (State) Beebe Ark.	
DATE REC'D BY LOCAL REG. 12-15-49		REGISTRAR'S SIGNATURE E. G. Johnston 277		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L.W. EDWARDS - DONIPHAN, Mo			

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

RECEIVED 1-3-50
District Health Officer No. 5,
District File Number 1509
Date Filed 1-6-50

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 _____
Student Embalmer

Signed Carl B. Bird
Licensed Embalmer No. 4306
P. O. Address Doniphan, 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.