

FILED JAN 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 265

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Highland	
c. LENGTH OF STAY (in this place) 11 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Merrit Earl Miller			4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	
8. DATE OF BIRTH Jan. 13, 1885		9. AGE (in years last birthday) 65		10. # UNDER 1 YEAR 0 # UNDER 1 YEAR 1 # UNDER 1 YEAR 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (State or foreign country) Highland, Kansas /	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME R. C. Miller		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE McCauley Daisy Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Miller, Highland, Kansas	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct		Coronary Thrombosis		14 da	
ANTECEDENT CAUSES		DUE TO (b) Hypertensive arterio-sclerotic cardiovascular disease		14 da	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Pericarditis, chr.; aortic stenosis		47-0 //	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) 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 Jan 2, 1950, to Jan 14, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 9: A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. J. Grant, M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 1-14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/14/1950		24c. NAME OF CEMETERY OR CREMATORY Highland	
24d. LOCATION (City, town, or county) (State) Kansas		24e. FUNERAL DIRECTOR'S SIGNATURE Heaton-Brown Funeral Home		24f. ADDRESS St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Jan 17, 1950		REGISTRAR'S SIGNATURE G. L. Jenkins 382			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3195 10th St. St. Joseph,

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.