

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7446

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6294		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY <u>Worth</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parnell Mo Rural</u> c. LENGTH OF STAY (in this place) <u>Entire Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parnell Mo Rural</u> d. STREET ADDRESS (If rural, give location) <u>North East 4 mile</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Ivan</u> c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb - 24 - 1950</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 3 - 1875</u>		9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u> Hours <u>4</u> Min. <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Parnell Mo D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Iva Ricketts</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Mitchell 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 <u>Rosa Mitchell Miller</u> ADDRESS <u>Parnell 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> 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 <u>10 days</u> <u>5 yrs.</u> <u>321X</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Feb - 14, 1950</u> , to <u>Feb - 24, 1950</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>8:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John M. D. V</u> (Degree or title)				23b. ADDRESS <u>Grant City Mo</u>		23c. DATE SIGNED <u>2-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 26 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parnell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Parnell Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 9. 1950</u>		REGISTRAR'S SIGNATURE <u>John E. Dawson</u>		345 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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**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.....

*John Andrews*  
working under my personal supervision.

Student Embalmer No. ....

Student .....  
Student Embalmer

Signed

*John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant 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.