

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9766

State File No.

FILED MAR 30 1950

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No. 7

0739

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

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca	
c. LENGTH OF STAY (In this place) 64 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Earl	b. (Middle) Anderson	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) March 18, '50
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 19, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Lumber Dealer	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry C. Miller	13b. MOTHER'S MAIDEN NAME Sarah E. Smith	14. NAME OF HUSBAND OR WIFE Minnie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-22476	17. INFORMANT'S SIGNATURE OR NAME Gwynn Miller	ADDRESS Seneca, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 2-18-1950 to 3-18-1950 that I last saw the deceased alive on 3-18-1950, and that death occurred at 4-15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. B. ...	23b. ADDRESS Seneca Mo	23c. DATE SIGNED 3-18-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/20/50	24c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	24d. LOCATION (City, town, or county) (State) Seneca Missouri
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DATE REC'D BY LOCAL REG. 3-18-50	REGISTRAR'S SIGNATURE Phyllis Brite	25. FUNERAL DIRECTOR'S SIGNATURE W. S. ...	ADDRESS Seneca Mo
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer To.

Newton Co. Health Dept.

District File Number

MAR 29 1950

Date Filed

350-71

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

W E Bidleeome

Licensed Embalmer No.

2174

P. O. Address

Seneca 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.