

S. No. 31
EV. 10.4

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13657

State File No.

0551
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BIRTH NO. 25626-50 REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stowe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ABSORA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (Ruth)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL (Ruth)</u>	

3. NAME OF DECEASED (Type or Print) <u>Dinner Le Roy Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 17 1950</u>		9. AGE (In years last birthday) <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>

13a. FATHER'S NAME <u>Ernest Le Roy Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Bonnie Ellen Austin</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Le Roy Miller</u> ADDRESS <u>Reeds Spring</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature death</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>cardio-vascular failure</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7735</u>
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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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>One Callum M.D.</u> (Degree or title)		23b. ADDRESS <u>13 W Olive St Aurora</u>		23c. DATE SIGNED <u>April 29/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>General</u>	24b. DATE <u>April 27 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yokum Park</u>	24d. LOCATION (City, town, or county) (State) <u>Stowe MO</u>		
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DATE REC'D BY LOCAL REG. <u>apr 30/50</u>	REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>Manlove Moss</u>	ADDRESS <u>Reeds Spring MO</u>		
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 8 1950
District Health Office No. 6,
District File Number 550-563
Date Filed 5-8-50

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 _____

Not Embalmed
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Ferman L. Lunday

Licensed Embalmer No. 3072

P. O. Address Marionville

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.