

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17494

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 2043 Registrar's No. 177

6410

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

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JACKSON</u>	
c. LENGTH OF STAY (In this place) <u>33 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>6 MI. N. OF PARIS, MO.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVERETT AMOS</u> b. (Middle) <u>MILLER</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24, 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 21 - 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>DWIGHT, ILL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>AMOS MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN CASTLEMAN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY MILLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>YES</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WAYNE MILLER PARIS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/201</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac decompensation</u> DUE TO (c) <u>hypertensive due to age.</u>		
	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 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) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21, 1950, to 5-23, 1950, that I last saw the deceased alive on May 10, 1950, and that death occurred at 2:52 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter S. Christman M.D.</u>	23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>5-24-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>
		24d. LOCATION (City, town, or county) (State) <u>PARIS, MO.</u>

DATE REC'D BY LOCAL REG. <u>5-26-50</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Luake</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Secord & Blakely Paris Mo.</u>
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RECEIVED MAY 26 1950
MARION CO. HEALTH DEPT.
DATE FILED MAY 27 1950

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 _____ *E. H. Agnew*

Signed _____
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri.

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.