

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19780

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>COOPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>BOONVILLE</u>		c. LENGTH OF STAY (In this place) <u>5 HOURS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>VERSAILLES</u>		<u>Moigan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>200 WILLIAMSON ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u>			b. (Middle) <u>S.</u>			c. (Last) <u>MILLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7-1950</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>JULY 15-1880</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EDITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NEWSPAPER</u>		11. BIRTHPLACE (State or foreign country) <u>OWSEGO - KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MARTIN MILLER</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH HARTMAN</u>			14. NAME OF HUSBAND OR WIFE <u>MYRTLE PRIEST MILLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>MYRTLE MILLER-VERSAILLES. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - arteriosclerosis</u> DUE TO (c) <u>Chronic vascular disease</u>				37 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				443	
19a. DATE OF OPERATION <u>7/10</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-7-50</u> , 19 <u>50</u> , to <u>6-7-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6-7-50</u> , 19 <u>50</u> , and that death occurred at <u>2:40</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. M. Stewart, M.D. U</u>				23b. ADDRESS <u>329 main St, Boonville, Mo.</u>		23c. DATE SIGNED <u>6-10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VERSAILLES-MO.</u>	
DATE REC'D BY LOCAL REG <u>Jun 10 - 50</u>		REGISTRAR'S SIGNATURE <u>De Cooper</u> <u>381</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEGNER FUNERAL HOME-BOONVILLE MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED

JUN 12

District Health Officer No. 8,

District File Number _____

Date Filed 7-7-50

JUL 10 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 James W. Stegner

Signed _____
Student Embalmer

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.