

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19992

State File No.

FILED JUL 11 1950

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 27

0470

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>	c. LENGTH OF STAY (In this place) <u>1 DAY</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Montrose 0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>EUGENE</u> c. (Last) <u>MILLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar. 15, 1886</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work absorbing most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Bedford Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>us</u>
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13a. FATHER'S NAME <u>Bert Miller</u>	13b. MOTHER'S MAIDEN NAME <u>M. DeFord</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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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>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Miller, Montrose, Mo</u>	ADDRESS <u>—</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA - (STOMACH) - WITH METASTASIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 YR +</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>147X</u>		

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) m.	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 JUNE 21, 1950, to JUNE 29, 1950, that I last saw the deceased alive on JUNE 29, 1950, and that death occurred at 3 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>	23b. ADDRESS <u>Clinton, Mo</u>	23c. DATE SIGNED <u>30 June 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 2, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Truax Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Montrose, Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 2 - 1950</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welling Bros</u>	ADDRESS <u>Montrose Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-10
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-10-50

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~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. A. Varsant* _____

Licensed Embalmer No. *3779* _____

P. O. Address *Clinton* _____

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.