

STANDARD CERTIFICATE OF DEATH

29261

State File No. ....

FILED AUG 28 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6279 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartsville Rt. 2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gasconade Twp. 1140</u>	
c. LENGTH OF STAY (in this place) <u>73 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Gasconade Twp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) <u>DAKUPHON</u> c. (Last) <u>MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 19 50</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>4-15-1877</u>		9. AGE (In years last birthday) <u>73</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) <u>4 4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Webster County Mo.</u>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>William Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McPherson</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Miller Hartsville Mo Rt 2</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute insulatory failure</u>		DUE TO (b) <u>Coronary Occlusion</u>		<u>5 min</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Atherosclerosis</u>		<u>2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<u>4:20</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. SUICIDE OR 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec-11, 1949, to Aug 19, 1950, that I last saw the deceased alive on Aug 15, 1950, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Hill</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Seymour Mo</u>		23c. DATE SIGNED <u>8/19/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>	
24d. LOCATION (City, town, or county) (State) <u>Seymour Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Kelley Terrell Bergman</u>		ADDRESS <u>Seymour Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 24, 50</u>		REGISTRAR'S SIGNATURE <u>E. C. Garrison</u>		346	

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

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WRIGHT CO. HEALTH DEPT.  
County File Number 850-106  
Date Filed AUG 26 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.

Student .....

Student Embalmer

Signed K. K. Kelly

Licensed Embalmer No. 3334

P. O. Address Fairland 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.