

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30919**

BIRTH NO. _____ **REG. DIST. NO.** 170 **PRIMARY REG. DIST. NO.** 3626 **Registrar's No.** 339

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>202 N. Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mathews Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Lee</u> c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 16 50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Sept 2, 1865</u>
9. AGE (In years last birthday) <u>85</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Ashland, Ky.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Julius Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Toabe Nagle</u>	
14. NAME OF HUSBAND OR WIFE <u>Martha 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) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Millard Bahr</u>		ADDRESS <u>Lebanon, 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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>arteriosclerosis</u>		<u>15 yrs</u>	
DUE TO (c) _____		<u>4 mos</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy of prostate</u>			
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 <u>Sept 14, 1950</u>, to <u>Sept. 16, 1950</u>, that I last saw the deceased alive on <u>Sept. 14, 1950</u>, and that death occurred at <u>1:30 a. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>B. B. Hurst, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>9-16-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ashland cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland Ky.</u>	
DATE REC'D BY LOCAL REG. <u>9-16-1950</u>		REGISTRAR'S SIGNATURE <u>Hella S. Mayo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u>		ADDRESS <u>Lebanon Mo.</u>	

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

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