

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30958

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 98

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lawrence</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Marionville</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville,</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>O'Dell Street</u>                               |  | d. STREET ADDRESS (If rural, give location): <u>O'Dell Street</u>  |  |

|                                     |                         |             |                         |   |
|-------------------------------------|-------------------------|-------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Frank</u> | b. (Middle) | c. (Last) <u>Miller</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 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 19, 1882</u> | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>17</u> | IF UNDER 12 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware</u> | 11. BIRTHPLACE (State or foreign country) <u>Forestburg, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|--|---|---|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <u>Francis M. Miller</u> | 13b. MOTHER'S MAIDEN NAME <u>Augusta Walbum</u> | 14. NAME OF HUSBAND OR WIFE <u>Gladys 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>no</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frank Miller, Marionville, Mo.</u> |
|--|-----------------------------------|--|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure, acute, with decompensation 2 mos</u> |  |                                  |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <u>Bronchopneumonia</u><br>DUE TO (c) <u>Acute Upper Respiratory Infection</u>  |  | <u>2 mos</u>                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  | <u>4222</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) (M.) | 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 22 September 1950, to 6 October, 1950, that I last saw the deceased alive on 6 October, 1950, and that death occurred at 11: P. M., from the causes and on the date stated above.

|   |                                     |                                      |
|---|-------------------------------------|--------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>V. W. Ramsey M.D.</u> | 23b. ADDRESS <u>Marionville Mo.</u> | 23c. DATE SIGNED <u>8 October 50</u> |
|---|-------------------------------------|--------------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/9/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u> |
|---|--------------------------|--|---|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Oct 9-50</u> | REGISTRAR'S SIGNATURE <u>Dr. Mc Nath</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. W. Swiniger - Marionville Mo.</u> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

DR Ramsey  
0555

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield  
RECEIVED OCT 13 1950  
Dist. File 10-50-2095  
Date Filed 10-13-50

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.

Signed Ferman J. Jurriggs

Signed.....  
Student Embalmer

Licensed Embalmer No. 3072

P. O. Address Marionville 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.