

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36729

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1039		
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before death) a. STATE MISSOURI b. COUNTY GREENE 0391				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD 0				
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL				d. STREET ADDRESS 833 N. KANSAS				
3. NAME OF DECEASED (Type or Print) SAMUEL			a. (First)		b. (Middle)		c. (Last) MILLER	
4. DATE OF DEATH		(Month) (Day) (Year)		NOV. 22 1950				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 23 MARCH 1883		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COPPERSMITH		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (State or foreign country) MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME HENRY MILLER		13b. MOTHER'S MAIDEN NAME CAROLINE WEIS		14. NAME OF HUSBAND OR WIFE NORA MILLER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 702-07-7334		17. INFORMANT'S SIGNATURE OR NAME NORA MILLER		ADDRESS SPEED. MO		
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, ashenia, 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) Encephalomalacia due to cerebral thrombosis				DUE TO (b) Diabetes Mellitus				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) with ketosis				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				260X				
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) (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 SEPT 1948, to Nov 22, 1950, that I last saw the deceased alive on NOV 22, 1950, and that death occurred at 10:00A m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) William J. Darr, M.D. 0				23b. ADDRESS 609 Cherry, Springfield, Mo.		23c. DATE SIGNED 11/24/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/24/50	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY		24d. LOCATION (City, town, or county) GREENE COUNTY Mo.		(State)	
DATE REC'D BY LOCAL REG. 11-24-50		REGISTRAR'S SIGNATURE W. E. Standley M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Co. SPEED. MO.				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

396

0

Ford

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.....
Student Embalmer

Signed

J. B. Klingner

Licensed Embalmer No. 3358

P. O. Address.....

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.