

FILED NOV 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39552**

BIRTH NO. _____		REG. DIST. NO. <b>336</b>		PRIMARY REG. DIST. NO. <b>6175</b>		Registrar's No. <b>98</b>	
1. PLACE OF DEATH a. COUNTY <b>Shannon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shannon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Summersville, Mo</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Summersville Mo</b>		1010 <b>Castle</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No</b>				d. STREET ADDRESS (If rural, give location) <b>Rural</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>William</b> c. (Last) <b>Miller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct, 30 1950</b>				
5. SEX <b>MO</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug 26 1857</b>	
9. AGE (In years last birthday) <b>93</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Olean Mo</b>		12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZENRY OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Eliza Miller</b>			13b. MOTHER'S MAIDEN NAME <b>Hatzabeth Mueick</b>		14. NAME OF HUSBAND OR WIFE <b>Sarah A Miller</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Floyd Miller Summersville, Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-renal syndrome</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>2 m</b>  <b>years</b>  <b>442X</b>
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>July 5<sup>th</sup>, 1950</u> , to <u>Oct 30, 1950</u> , that I last saw the deceased alive on <u>Oct 30, 1950</u> , and that death occurred at <u>11:40 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>F. Wilson D.D.</b>				23b. ADDRESS <b>Eminence Mo.</b>		23c. DATE SIGNED <b>11-3-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov 2 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Olean Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Olean Mo</b>	
DATE REC'D BY LOCAL REG. <b>11-20-50</b>		REGISTRAR'S SIGNATURE <b>Maabel Palmer Reg</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home</b>		ADDRESS <b>Mth View, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 22 1950

DISTRICT HEALTH OFFICE No.

Jo No.....

**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.....

*John F. Burman*

Licensed Embalmer No. *2516*.....

P. O. Address *17 X View 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.