S. No. 300
. 10.48

FILED JAN 3 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39784

BIRTH NO. _____ REG. DIST. NO. 21 PRIMARY REG. DIST. NO. 4032 Registrar's No. 12

1. PLACE OF DEATH

a. COUNTY: Bates

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amsterdam

c. LENGTH OF STAY (in this place): 3 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri b. COUNTY: Bates

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amsterdam

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): William b. (Middle): W. c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Dec. 9, 1950

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb. 2, 1884

9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: general

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William T. Miller

13b. MOTHER'S MAIDEN NAME: Anna Frances Gage

14. NAME OF HUSBAND OR WIFE: Isabel Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Isabel Miller Amsterdam, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* on Dec 9, 19 50, *to* _____, 19___, *that I last saw the deceased alive on* Dec 9, 19 50, *and that death occurred at* 10.30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Basil O Hartwell M. D. O

23b. ADDRESS: Drexel, Mo

23c. DATE SIGNED: Dec 12

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 12-11-50

24c. NAME OF CEMETERY OR CREMATORY: West Point

24d. LOCATION (City, town, or county) (State): Amsterdam, Mo.

DATE REC'D BY LOCAL REG.: 12-12-50

REGISTRAR'S SIGNATURE: L. A. Mangold 18 0

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Archer & Mangold Amsterdam Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-22-52
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 12-22-52

JAN 17 1951

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed L. A. Mangold

Signed _____
Student Embalmer

Licensed Embalmer No. 3610

P. O. Address Amsterdam, 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.