

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40495

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4213		Registrar's No. 43	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY HENRY		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTROSE		c. LENGTH OF STAY (in this place) 50 yrs		a. STATE MISSOURI b. COUNTY HENRY	
d. FULL NAME OF HOSPITAL OR INSTITUTION				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTROSE 04200			
d. STREET ADDRESS				(If rural, give location) 0			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) ALBERT		b. (Middle) DEFOREST		c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) DEC 17-1950	
5. SEX 0	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS	
MALE	WHITE	WIDOWED	APR. 27-1860	90	9	21	
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. CITIZEN OF WHAT COUNTRY?	
RETIRED FARMER				ILLINOIS		USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
GEORGE MILLER		MARY PETE		DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
NO		V		Fred Miller Montrose MO			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocarditis				4-2	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) arterio-sclerosis					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS				4221	
		Conditions contributing to the death but not related to the disease or condition causing death.					
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 4-26, 1950, to 12-17, 1950, that I last saw the deceased alive on Dec. 17, 1950, and that death occurred at 7:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
W.E. Baggaley MD				Montrose MO		12-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
BURIAL		DEC. 20-1950		TEHYS CHAPEL		MONTROSE MO.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Dec. 20-1950		Florence Adams		Helling Bros		Montrose MO.	

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

RECEIVED 12/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-27-50

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 _____

on the 17th day of Dec 1950

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank Lee

Signed _____
Student Embalmer

Licensed Embalmer No. 1099

P. O. Address Appleton City, W

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.