

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 268

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY North	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parnell, Rural 1130	
c. LENGTH OF STAY (in this place) 18 day		d. STREET ADDRESS (If rural, give location) R. F. D. 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no. 2			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Leslie c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) Jan 8, 1951		
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 16 1902	9. AGE (in years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Parnell mo.	12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME James I Miller		13b. MOTHER'S MAIDEN NAME Rose Mitchell		14. NAME OF HUSBAND OR WIFE Mrs Madra Miller Parnell mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Madra Miller Parnell 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobes Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myo carditis		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

18a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 5, 1951, to Jan 8, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Forrest Thomas M.D. (Degree or title)	23b. ADDRESS St. Joseph mo 7, State Hospital no. 2	23c. DATE SIGNED 1/8 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 8 - 1951	24c. NAME OF CEMETERY OR CREMATORY Parnell Cemetery	24d. LOCATION (City, town, or county) Parnell (State) Mo
DATE REC'D BY LOCAL REG. Jan 12, 1951	REGISTRAR'S SIGNATURE Carl C. Caster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Andrews Grant City mo	

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

APR 11 1951

JAN 19 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.....

John Andrews

working under my personal supervision.

Student Embalmer No.....

Signed.....

John Andrews

Signed.....
Student Embalmer

Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.