

FILED JAN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 835

0396
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BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 E. Minota		d. STREET ADDRESS (If rural, give location) 1220 E. Minota 0	
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Edward	
		c. (Last) Miller	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 21 1951			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9 1884
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stage Hand	11. BIRTHPLACE (State or foreign country) Missouri 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stage Hand		10b. KIND OF BUSINESS OR INDUSTRY Theatres	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Miller		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE Fay Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 491-03-3948	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Fay Miller		ADDRESS Springfield	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of esophagus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 6 mo.		150X	
19a. DATE OF OPERATION Pt. was operated in K.C. by Dr. John H. Mager Jr. Nov. 19, 1950.		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 12-1 1950, to 1-20 1951, that I last saw the deceased alive on 1-20 1951, and that death occurred at 8:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Homer C. Marshall, M.D.		23b. ADDRESS Prof. Bldg. Springfield	
23c. DATE SIGNED 1-22-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-23-51	
24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 1-23-51		REGISTRAR'S SIGNATURE W.E. Standley M.D. 111	
25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co.		ADDRESS Springfield	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Mal Rhodes

Signed.....

Student Embalmer

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.