

FILED FEB 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1440

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5588 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Rt 3 Blue</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rt 3 Box 137 Blue</u>	
c. LENGTH OF STAY (In this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3 Franzen Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt 3 Franzen Rd</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>F.</u> c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 20, 1868</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>82 7 25</u>
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10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>Retired Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Dry Goods Co</u>	11. BIRTHPLACE (State or foreign country) <u>Penna</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie D. Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Hattie D. Miller</u>	ADDRESS <u>Rt 3 Ind</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - senile</u> DUE TO (c)		<u>Eyes</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>444 X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Mar 1949 to Jan 1951, that I last saw the deceased alive on Jan 13, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo Logan</u>	(Degree or title)	23b. ADDRESS <u>3826 Troost Ave</u>	23c. DATE SIGNED <u>1/15/51</u>
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24a. BURIAL, CREMATION, OR REMOVALS (Specify) <u>Burial</u>	24b. DATE <u>Jan 17, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wt. Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson County Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Almo R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 31 REC'D



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. 412

Signed Dixon L. Kelsey

Signed Jason T. White  
Student Embalmer

Licensed Embalmer No. 4225

P. O. Address Indep. 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.