

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4231

State File No.

52

BIRTH NO.		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. LENGTH OF STAY (in this place) <u>19 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - KELLY</u>		<u>0270</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STILL OSTEOPATHIC HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>BUNNETON, MO</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>ASA</u> c. (Last) <u>MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 27 1951</u>					
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>1-24-88</u>		
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>1</u>		11. YEARS <u>3</u>		IF UNDER 24 HRS. Hours Min. <u>3</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>SHREVEPORT / LA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ASA MILLER</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN WHATLEY</u>			14. NAME OF HUSBAND OR WIFE <u>CECIL J. MILLER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CECIL J. MILLER BUNNETON, MO.</u>				
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) <u>General Sepsis</u> ANTECEDENT CAUSES DUE TO (b) <u>General peritonitis</u> DUE TO (c) <u>Ruptured appendix</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5:50</u>	
19a. DATE OF OPERATION <u>2/9/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ruptured appendix free pus in abdomen</u>					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) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>2/8</u> , 19 <u>51</u> , to <u>2/27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2/27</u> , 19 <u>51</u> , and that death occurred at <u>8:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. L. Michael D.O.</u>				23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>2/27/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>mt Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>N. Clarkburg, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar 1-1951</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris M.D. M.P.O.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jessie E. Richard - Linton Mo</u>				

(Licensed Embalmer's Statement, on Reverse Side)

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

No. 300
10-48264
0

RECEIVED 3-5-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-5-51 _____

WJMA

43

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Jessie E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Leptow, 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.