

S. No. 300  
V. 10.48

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5358

BIRTH NO. 8679-51 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 48

0649

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY _____	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital, Levering</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> 8140	
d. STREET ADDRESS (If rural, give location) _____		8	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) _____ c. (Last) <u>Miller Jr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-5-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED-NEVER MARRIED-WIDOWED-DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>2-3-51</u>
9. AGE (In years last birthday) _____		# UNDER 1 YEAR Months <u>2</u>	# UNDER 1 HRS. Hours _____ Min. _____
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) <u>Hannibal, Mo.</u> 0
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Richard Miller</u>	
13b. MOTHER'S MAIDEN NAME <u>Frances Griffin</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Richard Miller Sr. Hannibal, Ia</u>		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7630	
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) _____		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 <u>Feb 3, 1951</u> , to <u>Feb 5, 1951</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>R. W. Fox</u> (Degree or title) _____		23b. ADDRESS <u>1216 Center St.</u>	
23c. DATE SIGNED <u>2-9-51</u>		24a. BURIAL, CREMATION-REMOVAL (Specify) _____	
24b. DATE <u>Feb. 7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo E Roberts</u> ADDRESS <u>Hannibal Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-12-51</u>		REGISTRAR'S SIGNATURE <u>Dr E Maucke</u> Deputy _____	

RECEIVED FEB 16 1951  
STATE HEALTH DEPT.  
DATE FILED FEB 17 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Geo E Roberts*

Licensed Embalmer No. 2113

P. O. Address Hammel Md

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.