

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7406

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4008</u>		Registrar's No. <u>26</u>		
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cosby</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cosby</u>		0020		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>U</u>				
3. NAME OF DECEASED (Type or Print) <u>Marshall</u>			a. (First)		b. (Middle)		c. (Last) <u>Miller</u>	
4. DATE OF DEATH		Month <u>March</u>		Day <u>1</u>		Year <u>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>March 19, 1878</u>		
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>general store</u>		11. BIRTHPLACE (State or foreign country) <u>Cosby, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Hiram Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Vestal</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu Miller</u>		
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lulu Miller Cosby, Missouri</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>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Dis. Cert. Seler</u> 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 <u>7 weeks</u> <u>?</u> <u>4201</u>	
19a. 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) (m.)		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 26</u> , 19 <u>51</u> , to <u>March</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-26</u> , 19 <u>51</u> , and that death occurred at <u>5:00A.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. L. H. Jackson M.D.</u>			23b. ADDRESS <u>St. Joseph Mo.</u>			23c. DATE SIGNED <u>3-2-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/4/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Andrew County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-4-51</u>		REGISTRAR'S SIGNATURE <u>Spark</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u>		ADDRESS <u>Funeral Home St. Joseph Mo.</u>		

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *Eugene Wood*

Signed.....

Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St. Joseph, 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.