

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7596**
Registrar's No. **371**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 371	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117			
d. FULL NAME OF HOSPITAL OR INSTITUTION 318 W. Kansas Ave.				d. STREET ADDRESS (If rural, give location) 318 W. Kansas Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) William c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 4 2 1951				
5. SEX male		6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9 16 1898	
9. AGE (In years, last birthday) 53		10. KIND OF BUSINESS OR INDUSTRY Lumber Co.		11. BIRTHPLACE (State or foreign country) Wathena - Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Lumber Co.		11. BIRTHPLACE (State or foreign country) Wathena - Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lee Miller			13b. MOTHER'S MAIDEN NAME Lou Ella Lewis			14. NAME OF HUSBAND OR WIFE Rutisha Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-104647		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Rutisha Miller 318 W. Kans. Ave.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysm of innominate artery, hypertensive DUE TO (c) Tertiary Syphilis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 month Undet.
19a. DATE OF OPERATION 12/27/50		19b. MAJOR FINDINGS OF OPERATION Aneurysm of innominate artery				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) 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 12-8 , 19 50 , to 4-1 , 19 51 , that I last saw the deceased alive on 4-1 , 19 51 , and that death occurred at 7:05 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John R. McDaniel M.D.				23b. ADDRESS 902 Edmund St. St. Joseph, Mo.		23c. DATE SIGNED 4/13/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4 4 1951		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph - Mo.	
DATE RECD BY LOCAL REG. April 7, 1951		REGISTRAR'S SIGNATURE Carl C. Casper		5. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Alexander		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

117

innominate

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 Wm. H. Alexander

Signed _____
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address 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.