

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11493

State File No. _____

FILED MAY 7 1951

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5074 Registrar's No. 25

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

10660
3360

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>BARTON</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>IRWIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>IRWIN RURAL, CENTRAL</u> <u>0060</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>LIBERAL R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOP RR CROSSING</u>			
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) <u>WALTER</u> b. (Middle) <u>JAMES</u> c. (Last) <u>MILLER</u>			<u>APRIL 22 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 3 1907</u>
9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>	IF UNDER 12 HRS. Hours <u></u> Min. <u></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>Tennant</u>	11. BIRTHPLACE (State or foreign country) <u>LAMAR, MISSOURI, R#3</u>
			12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>LESLIE MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA KNAPP</u>	14. NAME OF HUSBAND OR WIFE <u>MINNIE SHERRON MILLER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>552-16-2523</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ONA MAE THOMPSON, PITTSBURG, KANSAS</u>
		17. ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE SKULL FRACTURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>27</u> <u>27</u>
ANTECEDENT CAUSES DUE TO (b) <u>TRAIN & CAR COLLISION</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		<u>006</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>IRWIN, MO. MO-PAC RR CROSSING</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>IRWIN, BARTON, MISSOURI</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>APR 22 1951 3p m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>TRAIN STRUCK AUTOMOBILE</u>
22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at _____ 3:00 PM from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Harmon</u> (Degree or title) <u>5</u> CORONER BARTON COUNTY, LAMAR, MISSOURI			23c. DATE SIGNED <u>APR 23 1951</u>
23b. ADDRESS			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 25 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LIBERAL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LIBERAL, MO.</u>
DATE REC'D BY LOCAL REG. <u>APR 23 1951</u>	REGISTRAR'S SIGNATURE <u>Marie Konantz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>KONANTZ FUNERAL HOME, LAMAR, MO.</u>	
		ADDRESS <u>LAMAR, MO.</u>	

(Licensed Emballer's Statement on Reverse Side)

1951 6 T J35

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 30 1951

Dist. File 457-716

Date Filed 4-30-51

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 Frank W Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.