

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11722

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3027 Registrar's No. 152

124  
0

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Poplar Bluff</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>rural Brown</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>route #1 Success, Ark.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctor's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHNNIE</b>	b. (Middle) <b>ROBERT</b>	c. (Last) <b>MILLER</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>March 31 1951</b>

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>March 29, 1879</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	---	---

13a. FATHER'S NAME <b>John T. Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Milenda Mulhollen</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Zoma Buffington (Dau.)</b>	ADDRESS <b>Corning</b>
--	-------------------------------------	---	------------------------

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		Arkansas BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Asphyxiation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cardiac failure</b> DUE TO (c) <b>cerebral hemorrhage</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
		<b>331x</b>

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 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 3-31-1951, to 2-31-1951, that I last saw the deceased alive on 2-31-1951, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Markel M.D.</b>	23b. ADDRESS <b>Poplar Bluff, Mo.</b>	23c. DATE SIGNED <b>4-9-51</b>
--	---------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Apr 3/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Black</b>	24d. LOCATION (City, town, or county) (State) <b>Clay County, Ark</b>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <b>April 9-1951</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	428	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard L. Egan</b>	ADDRESS <b>Corning Ark.</b>
--	---	-----	---	-----------------------------

RECEIVED

APR 18 1951

BUTLER CO. HEALTH CENTER

FILE No. 451-157

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 me

.....  
working under my personal supervision.

Student .....

Student Embalmer

Signed Richard C. Ernest

Student Embalmer No. ....  
Licensed Embalmer No. 787

P. O. Address Cornberg, Ark

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.