

STANDARD CERTIFICATE OF DEATH

State File No. 13093BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5096 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Valle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Valle</u>	
c. LENGTH OF STAY (in this place) <u>2 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1-DeSoto</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rt. 1-DeSoto, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KIM</u> b. (Middle) <u>Whitsett</u> c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 7-1951</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>JAN 25-1875</u>
9. AGE (In years last birthday) <u>76</u>		10. AGE (In years last birthday) <u>76</u>	11. AGE (In years last birthday) <u>76</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>GEN'L FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>T. J. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Whitsett</u>		14. NAME OF HUSBAND OR WIFE <u>JENNIE R. 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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clude Miller - DeSoto, Mo</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis, chronic, with uraemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	

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ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis of renal arteries</u>		DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>3 years</u>	
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>446X</u>		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 March 15, 1951, to April 7, 1951, that I last saw the deceased alive on April 4, 1951, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas A. Donnell, M.D.</u>		23b. ADDRESS <u>DeSoto, Mo.</u>		23c. DATE SIGNED <u>4-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson Co., Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Mathushead</u>	
DATE REC'D BY LOCAL REG. <u>4-18-51</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>		ADDRESS <u>DeSoto, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

500
1

DATE RECEIVED 4-23-51
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT

APR 27 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 Andrew H England

Licensed Embalmer No. 4748

P. O. Address De Soto, 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.