

FILED JUL 9 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19501

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>689</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>1117</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Duncan Nursing Home</u> <u>723 S. 11th St.</u>		d. STREET ADDRESS (If rural, give location) <u>1314 N. 17th St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Miller</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1951</u>		5. SEX <u>0</u> 6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> <u>2</u>		8. DATE OF BIRTH <u>November 9, 1864</u>		9. AGE (In years last birthday) <u>86</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>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Cosby, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Kisanore Miller</u>		
13b. MOTHER'S MAIDEN NAME <u>Louisa Flesher</u>		14. NAME OF HUSBAND OR WIFE <u>Tillie Rankin</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>C. K. Miller</u> ADDRESS <u>2303 Pear St., St. Joseph, Mo.</u>
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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 Hours</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>ARTERIOSCLEROSIS</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>SENILITY</u>		
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		<u>UNKNOWN</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? <u>331X</u> 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.) <u>none</u>		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? <u>none</u>
22. I hereby certify that I attended the deceased from <u>6-1</u> , 19 <u>51</u> , to <u>6-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-22</u> , 19 <u>51</u> , and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>William Spelman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>620 F. Nance</u>		23c. DATE SIGNED <u>6-29-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/30/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Savannah Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bowman Funeral Home - St Joseph</u> ADDRESS		
DATE REC'D BY LOCAL REG. <u>June 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. C... 446</u>		

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

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**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

*James B. Hawkins*

Licensed Embalmer No. 4535

P. O. Address 319 S. 10<sup>th</sup> St. Jax

**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.