

FILED JUL 5-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19989

State File No.

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOUND CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON	
c. LENGTH OF STAY (In this place) 1 DAY		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) ARTHUR	b. (Middle) H.	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year)
				JUNE 19 1951

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH MARCH 10, 1888	9. AGE (In years) (Month) (Day) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 5 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TROY, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JACOB MILLER	13b. MOTHER'S MAIDEN NAME ELLA BAKER	14. NAME OF HUSBAND OR WIFE LEONA MILLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 500-07-9064	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LEONA MILLER OREGON, MO.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH INSTANT
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SKULL FRACTURE AND INTERNAL INJURIES SUSTAINED IN CAR COLLISION.		
	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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) CAR ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MOUND CITY, MO.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) MOUND CITY, MO. HOLT.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JUNE 19, 51 6 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? COLLISION OF 2 CARS ON HIGHWAY 275.
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22. I hereby certify that I attended the deceased from XX, 19XX, to XX, 19XX, that I last saw the deceased alive on XX, 19XX, and that death occurred at 6: P.M., from the causes and on the date stated above.

23a. SIGNATURE Howard E. Collier (Degree or title) A.B., D.O.	23b. ADDRESS Oregon MO. Brown Hotel Co	23c. DATE SIGNED 6-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 22, 1951	24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE	24d. LOCATION (City, town, or county) (State) OREGON, MISSOURI
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DATE REC'D BY LOCAL REG. 6-22-1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fellegator Funeral Home Oregon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1961 8 1 7 0 9

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 McCamford

Licensed Embalmer No. 1824

P. O. Address Mail City, 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.