

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20724

20724

61

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>6 mos.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		6611	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Ruby St</u>				d. STREET ADDRESS (If rural, give location) <u>North Ruby St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Solomon</u>		a. (First) <u>S.</u>		b. (Middle) <u>Miller</u>		c. (Last) _____	
4. DATE OF DEATH <u>June 1, 1951</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 30, 1865</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Green Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William W. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Cantwell</u>		14. NAME OF HUSBAND OR WIFE <u>Mary 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>Mrs. Mary Miller</u>		ADDRESS <u>Macon, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>	
		ANTECEDENT CAUSES <u>Arteriosclerosis</u>				4500	
		DUE TO (b) _____					
		DUE TO (c) _____					
		11. OTHER SIGNIFICANT CONDITIONS <u>Inanition & debilitated</u>				<u>8 wks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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.) _____		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? _____			
22. I hereby certify that I attended the deceased from <u>Feb. 15, 1951</u> , to <u>June 1, 1951</u> ; that I last saw the deceased alive on <u>June 1, 1951</u> , and that death occurred at <u>11:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. L. Durden</u> (Degree or title) _____				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>6/4/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/13/51</u>		24c. NAME OF CEMETERY OR CRYPTORY <u>Bethel</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/18/51</u>		REGISTRAR'S SIGNATURE <u>Arthur M. Neal</u> 185		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>		ADDRESS <u>Macon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6.26.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 6-51-26
Date Filed 6-28-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Alvin Skinner

Licensed Embalmer No. 75-1

P. O. Address macon 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.