

FILED AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27465

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5390 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b> <i>0500</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL ROCK TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0500</b>	
c. LENGTH OF STAY (in this place) <b>LIFETIME</b>		d. STREET ADDRESS (If rural, give location) <b>NEAR ARNOLD Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NEAR ARNOLD Mo</b>			

3. NAME OF DECEASED a. (First) <b>JOHN</b> b. (Middle) <b>J.</b> c. (Last) <b>MILLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 8. 1951</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>APR 10, 1860</b>		9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Days <b>4</b> Hours <b>28</b> Min. <b>-</b> Sec. <b>-</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MACHINIST</b>			11. BIRTHPLACE (State or foreign country) <b>NEAR KIMMSWICK Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
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13a. FATHER'S NAME <b>JOHN MILLER</b>			13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			14. NAME OF HUSBAND OR WIFE <b>SINGLE.</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give year or dates of service) <b>NONE</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MR. GEO DOHACK</b>		ADDRESS <b>ARNOLD Mo</b>	
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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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cor. Myocarditis</b> ANTECEDENT CAUSES <b>Chronic sclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
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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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Arnold Jefferson Mo</b>		
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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?		
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22. I hereby certify that I attended the deceased from **July 1946**, to **8-8-51**, 19\_\_\_\_, that I last saw the deceased alive on **7/8/51**, 19\_\_\_\_, and that death occurred at **5 PM** from the causes and on the date stated above.

23a. SIGNATURE <b>Heich Mo.</b> (Degree or title)			23b. ADDRESS <b>Kimmswick Mo</b>			23c. DATE SIGNED <b>8/10/51</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>AUG 10-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHN'S Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>BECK Mo</b>	
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DATE REC'D BY LOCAL REG. <b>8/11/51</b>		REGISTRAR'S SIGNATURE <b>Ruth J. J...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>HEILIGTAG FUNERAL HOME</b>		ADDRESS <b>KIMMSWICK Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED 8-14-51  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

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 *Elmer Heiligtag*.....

Licensed Embalmer No. *3571*

P. O. Address *Kimmswick 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.