

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29385**

FILED SEP 19 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **141**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Town Mexico</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Town Benton City</b> <b>0040</b>                                |  |
| c. LENGTH OF STAY (In this place) <b>26 days</b>   |  | d. STREET ADDRESS (If rural, give location) <b>R.F.D. #1</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>                            |  |  |  |

|   |                           |                         |   |
|---|---------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>DANIEL</b> | b. (Middle) <b>ROBERT</b> | c. (Last) <b>MILLER</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Sept. 8, 1951</b> |
|---|---------------------------|-------------------------|---|

|                    |                               |   |                                       |   |                             |                             |
|--------------------|-------------------------------|---|---------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Jan. 10, 1892</b> | 9. AGE (In years last birthday) <b>59</b> | 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) <b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b> | 11. BIRTHPLACE (State or foreign country) <b>Madison County, Ill. /</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|--|---|--|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <b>Rudolph Miller</b> | 13b. MOTHER'S MAIDEN NAME <b>Louisa Ruedy</b> | 14. NAME OF HUSBAND OR WIFE <b>Lila Miller</b> |
|--|---|--|

|   |                                     |   |         |
|---|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lila Miller, Benton City, Mo.</b> | ADDRESS |
|---|-------------------------------------|---|---------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of rectum</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>Feb. 1951</b> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>quite metastasized to lower &amp; sigmoid</b> |  |   |
|   | DUE TO (c) <b>-</b>   |  |   |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>154X</b>   |   |  |   |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION <b>Feb 1951</b> | 19b. MAJOR FINDINGS OF OPERATION <b>abnormal operation - metastatic disease to liver of sigmoid colon - February operation - Calectomy done Feb 1951</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--|--|--|

|   |   |   |
|---|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, restaurant, office bldg., etc.) <b>X</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|---|---|---|

|  |  |                                    |
|--|--|------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>X</b> | 21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR <b>X</b> |
|--|--|------------------------------------|

22. I hereby certify that I attended the deceased from **Feb 1951**, to **Sept 8**, 1951, that I last saw the deceased alive on **9/7**, 1951, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

|  |                                 |                                 |
|--|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>J. J. O'Brien M.D.</b> | 23b. ADDRESS <b>Merced, Mo.</b> | 23c. DATE SIGNED <b>9-10-51</b> |
|--|---------------------------------|---------------------------------|

|  |                                 |   |  |
|--|---------------------------------|---|--|
| 24a. BURIAL, CREMATION, BEINGVAL (Specify) <b>Burial</b> | 24b. DATE <b>Sept. 11, 1951</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b> | 24d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b> |
|--|---------------------------------|---|--|

|  |  |  |                            |
|--|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. <b>Sept 10 1951</b> | REGISTRAR'S SIGNATURE <b>Blanche Neely</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl E. Puck</b> | ADDRESS <b>Mexico, Mo.</b> |
|--|--|--|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 28 1951

Date Received: SEP 17 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 9-51-1630  
Date Filed: SEP 17 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Ralph L. Huertgen

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.