

FILED OCT 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30579

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 451

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) Life-time		0495-	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A. St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 1046 Joplin	

3. NAME OF DECEASED (Type or Print)	a. (First) Otho	b. (Middle) R.	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1951
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5. SEX Male O	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-4-1891	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. of Buildings	10b. KIND OF BUSINESS OR INDUSTRY Fox Theaters Inc.	11. BIRTHPLACE (State or foreign country) Missouri D	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Mose E. Miller	13b. MOTHER'S MAIDEN NAME Mattie Cox	14. NAME OF HUSBAND OR WIFE Carrie Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 491-01-2981	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Miller 1046 Joplin Joplin, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1HR.</i>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)
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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?
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22. I hereby certify that I attended the deceased from *April 1, 1950*, to *Sept 26, 1951*, that I last saw the deceased alive on *Aug 25, 1951*, and that death occurred at *11:45 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS <i>Ernest Belg...</i>	23c. DATE SIGNED <i>10-1-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial D	24b. DATE 9-29-51	24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cem.	24d. LOCATION (City, town, or county) (State) Joplin Mo.
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DATE REC'D BY LOCAL REG. 10-1-51	REGISTRAR'S SIGNATURE <i>[Signature]</i> 1158	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon, Mort. Joplin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

495

RECEIVED 10-9-51
Jasper County Health Office
County File Number 51/10/789
Date Filed 10-9-51

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.

W. H. ...

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address *Joplin, 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.