

No. 300
10. 48

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32259

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6088 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Miami Twn. 5 mi		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Miami Twn. 0970	
d. FULL NAME OF HOSPITAL OR INSTITUTION North of Marshall 8 Miles		d. STREET ADDRESS (If rural, give location) R.F.D. 3	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Louis c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) September 7-1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 3-1895	9. AGE (In years less birthday) 56	IF UNDER 1 YEAR Months 1 Days 4	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Farming	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Saline Co. Miami Twn. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph E. Miller	13b. MOTHER'S MAIDEN NAME Ida Gaunt	14. NAME OF HUSBAND OR WIFE Ethel Bennington 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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Louis Miller	ADDRESS Marshall, Mo. R.F.D.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION 4201	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) ✓	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 **Sept. 7, 1951**, 19____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. L. Lawler Coroner Saline Co. - 3	23b. ADDRESS St. Marshall Mo	23c. DATE SIGNED 9-7-51
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE 9/9/51	24c. NAME OF CEMETERY OR CREMATORY Ridge Park	24d. LOCATION (City, town, or county) (State) Marshall, Missouri
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DATE REC'D BY LOCAL REG. 9/10/51	REGISTRAR'S SIGNATURE Mrs. E. C. Metz	25. FUNERAL DIRECTOR'S SIGNATURE J. Leal Surrency	ADDRESS Marshall, Mo.
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(Licensed Embalmers Statement on Reverse Side)

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

970

RECEIVED 9-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-18-51

OCT 11 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 *J. Leslie Summey*
Licensed Embalmer No. 32358

P. O. Address *Marshall, W.*

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.