

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

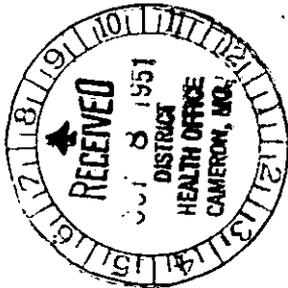
32444

State File No.

FILED OCT 16 1951

BIRTH NO. _____		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>3011</u> Registrar's No. <u>79</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Clay Twp.</u>		c. LENGTH OF STAY (In this place) <u>16 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural: Clay Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles north of Fillmore, Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles North of Fillmore, Mo</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Othello</u> b. (Middle) <u>Delbert</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1951</u>		
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>May 22, 1888</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Auburn, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elmer L. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Lilly Travis</u>		14. NAME OF HUSBAND OR WIFE <u>Maud 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 ADDRESS <u>Mrs. Maud Miller, R.R. #1, Fillmore, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Atherosclerosis</u> 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
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		4201		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) (Min.)	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>July</u> , 19 <u>51</u> , to <u>Oct-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct-3</u> , 19 <u>51</u> , and that death occurred at <u>9:45A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>M. L. Holliday M.D.</u>		23b. ADDRESS <u>Fillmore Mo</u>		23c. DATE SIGNED <u>10-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10/5/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheridan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Auburn Nebraska</u>		
DATE REC'D BY LOCAL REG. <u>10-5-51</u>	REGISTRAR'S SIGNATURE <u>Lillian Park</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Neaton-Bowman Funeral Home</u>		ADDRESS <u>St Joseph</u>

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



DEC 27 1951

FEB 2 1954

NOV 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James B. Hawkins
Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joplin

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.