

FILED OCT 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **88164**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 171	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. LENGTH OF STAY (In this place) 20 year		c. CITY (If outside corporate limits, write RURAL and give township) Nevada		1052	
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 South Elm				d. STREET ADDRESS (If rural, give location) 218 South Elm			
3. NAME OF DECEASED (Type or Print) a. (First) Edd			b. (Middle)		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) October 11 1951
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 18, 1875	9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Miller			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lora Miller		
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 Anna Fitzpatrick		ADDRESS Rich Hill, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronch. Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocarditis		Do not know	
		DUE TO (c)		advanced ages			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 10:30 pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? No injury			
22. I hereby certify that I attended the deceased from July , 1951, to Oct 11 , 1951, that I last saw the deceased alive on Oct 11, 1951 , and that death occurred at 10:30 pm , from the causes and on the date stated above.							
23a. SIGNATURE W. Love, MD				23b. ADDRESS Nevada, Mo		23c. DATE SIGNED Oct 14, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Rich Hill Missouri	
DATE REC'D BY LOCAL REG. 10-18-1951		REGISTRAR'S SIGNATURE Anna E. Ferris		25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home		ADDRESS Nevada, Mo.	

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED OCT 23 1932

Dist. File 1137-192-3

Date Filed 10-20-32

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.

Signed _____
Student Embalmer

Student Embalmer No. _____

Signed *L. B. Henry* _____

Licensed Embalmer No. 1760

P. O. Address *New York* _____

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.