

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 5906

State File No. 42459

BIRTH NO.		REG. DIST. NO. 267	PRIMARY REG. DIST. NO. 4396	Registrar's No. 141
1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 1		d. STREET ADDRESS (If rural, give location) Rural Route 1 Wardell		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) HARVEY		c. (Last) MILLER
4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 6, 1878	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Wardell, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Miller		13b. MOTHER'S MAIDEN NAME Minerva Duncan	14. NAME OF HUSBAND OR WIFE Virgie 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. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Miller, Wardell, 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) <i>paralysis of chest</i> 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.		INTERVAL BETWEEN ONSET AND DEATH 3 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., for about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Dec 20, 1951, to Dec 23, 1951, that I last saw the deceased alive on Dec 22, 1951, and that death occurred at 11:15 A.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>J. H. Bullett M.D.</i>		23b. ADDRESS Wardell		23c. DATE SIGNED Dec 23-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-24-51	24c. NAME OF CEMETERY OR CREMATORY Wardell Memorial	24d. LOCATION (City, town, or county) (State) Wardell, Mo.
DATE REC'D BY LOCAL REG 1-4-52		REGISTRAR'S SIGNATURE <i>John W. German</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Immy Osburn Funeral Home, Wardell, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

211
280
/

1-52-5

Rec. JAN 5 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 A. Fabern*

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.