

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43717

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 53

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manier, Saline Co. Mo.</u>                           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jarvis Convalescent Home</u>   |  | d. STREET ADDRESS (If rural, give location) <u>R307 1/2 miles NW Slater</u>  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>Charles Emmett</u> b. (Middle) <u>Miller</u> c. (Last) <u>Miller</u>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>Dec. 19-51</u>                       |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED) (Specify) <u>Single</u>   | 8. DATE OF BIRTH <u>March-18-1878</u>  |
| 9. AGE (In years last birthday) <u>78-1/2</u>   |  | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 1 HRS.<br>Hours Mins.   |
| 10a. USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) <u>Retired farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>   |  |
| 11. BIRTHPLACE (State or foreign country) <u>Mo. Saline Co.</u>   |  | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Johnathan Miller</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Mrs. Whitmore</u>   |  |
| 14. NAME OF HUSBAND OR WIFE _____   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 <u>Robert Miller, Independence</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial</u>  |  |  | years.   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>disease with failure</u>   |  |  |  |
| DUE TO (c) <u>Generalized arteriosclerosis</u>  |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |  |
| 19a. DATE OF OPERATION _____  | 19b. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>May</u> , 19 <u>44</u> , to <u>Dec. 19</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>51</u> , and that death occurred at <u>3:45 P.m.</u> , from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE <u>C. A. McBurney, M.D.</u> (Degree or title)  |  | 23b. ADDRESS <u>Slater, Mo.</u>  | 23c. DATE SIGNED <u>12-20-51</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>Dec-21-51</u>   | 24c. NAME OF CEMETERY OR CREMATORY, <u>Bethel Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>9 miles NW Slater, Mo.</u>      |
| DATE REC'D BY LOCAL REG. <u>12/22/51</u>  | REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones, Slater, Mo.</u> ADDRESS _____   |  |

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

RECEIVED

26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 26 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 E. Jones*  
*3143*  
*State No*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.