

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 4373

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Platte Township	
c. LENGTH OF STAY (In this place) 2 Days		d. STREET ADDRESS (If rural, give location) 4 Miles No. West of Smithville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Preston c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1952		
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 16, 1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 3 Days 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Alabama	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Miller	13b. MOTHER'S MAIDEN NAME Callie McCall	14. NAME OF HUSBAND OR WIFE Emma Thorpe Miller (Dec.)
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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 Charles H. Miller	ADDRESS Smithville, Mo.
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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, asthma, 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) Generalized Arteriosclerosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch Myocardial Degeneration		
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	19b. MAJOR FINDINGS OF OPERATION 422-1	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 2-24 1952, to 2-26 1952, that I last saw the deceased alive on 2-26 1952, and that death occurred at 12:54 m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	23b. ADDRESS Smithville, Mo	23c. DATE SIGNED 2-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-28-52	24c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery	24d. LOCATION (City, town, or county) (State) Clay County Missouri
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DATE REC'D BY LOCAL REG Feb 28-1952	REGISTRAR'S SIGNATURE Beulah Kitchin	63	25. FUNERAL DIRECTOR'S SIGNATURE McComas Funeral Home	ADDRESS Smithville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0240

0240

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 *Donald W. Hawks*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, Missouri*

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.