No. 300
10.48

FILED FEB 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4797

State File No.

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3625 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (In this place): 6hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stoll Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ozark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gainesville, Rural Pinecreek Twp.
d. STREET ADDRESS (If rural, give location): Ozark Co. Pinecreek Twp. 0770

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Arthur
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): 2----6----52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2/25/97
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 11, Days 12; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Ozark County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Jacob Miller
13b. MOTHER'S MAIDEN NAME: Mary M Moss
14. NAME OF HUSBAND OR WIFE: Ollie Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. One
16. SOCIAL SECURITY NO.: 490-28-1594
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ollie Miller — ADDRESS: Gainesville, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension (290/170)
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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/6/52, 19____, *to* 2/6/52, 19____, *that I last saw the deceased alive on* 2/6/52, 19____, *and that death occurred at* 5:30Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Hall M.D.
23b. ADDRESS: West Plaines Mo
23c. DATE SIGNED: 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/9/52
24c. NAME OF CEMETERY OR CREMATORY: Patrick Cemetery
24d. LOCATION (City, town, or county) (State): Ozark County Missouri

DATE REC'D BY LOCAL REG.: 2-14-52
REGISTRAR'S SIGNATURE: Beatrice Cook
25. FUNERAL DIRECTOR'S SIGNATURE: Clinkingbeard Funeral Home
ADDRESS: Gainesville Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

461
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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 Chester A. Roop

Licensed Embalmer No. I 3044

P. O. Address Gainesville Ma

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.