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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5710

FILED MAR 15 1952

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 4311 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Callao</u>	c. LENGTH OF STAY (in this place) <u>-</u>	c. CITY OR TOWN <u>Callao</u> <u>0619</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>-</u>		d. STREET ADDRESS (If rural, give location) <u>-</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>-</u>	c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-52</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/25/1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Callao, Mo</u>	12. CITIZENRY OF WHAT COUNTRY? <u>Mo</u>
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13a. FATHER'S NAME <u>John Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Stimmer</u>	14. NAME OF HUSBAND OR WIFE <u>Mittie Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mittie Miller</u>	ADDRESS <u>Callao Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>One year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Hypertension</u> 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 <u>334-X</u>	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) <u>Callao, Macon, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 March 5, 1952, to March 5, 1952, that I last saw the deceased alive on March 5, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gordon I. Ennis, D.O.</u>	23b. ADDRESS <u>Callao, Mo.</u>	23c. DATE SIGNED <u>March 6, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Callao, Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-9-52</u>	REGISTRAR'S SIGNATURE <u>Josephine King</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. J. Edwards</u>	ADDRESS <u>Levee Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9.19.52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 35242  
Date Filed 9.19.52

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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4478

P. O. Address Brewer, 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.