

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 7770

No. 300
10-48
FILED MAR 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>73</u>	PRIMARY REG. DIST. NO. <u>5291</u>	Registrar's No. <u>24</u>
1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IOOF Home</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2009</u>		
		d. STREET ADDRESS (If rural, give location) <u>Unknown</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ambrose</u>		b. (Middle) <u>E. B.</u>		c. (Last) <u>Miller</u>
		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1952</u>		
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>Feb. 28, 1863</u>	9. AGE (In years last birthday) <u>89</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John P. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Elise Applegate</u>		14. NAME OF HUSBAND OR WIFE <u>Bette Miller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or 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 ADDRESS <u>IOOF Home Records, Liberty, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 _____, 19 <u>49</u> , to <u>Feb 10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 10</u> , 19 <u>52</u> , and that death occurred at <u>8:30 pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm. H. Goodson M.D.</u> (Degree or title)		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>3/12/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Liberty Clay Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-13-1952</u>		REGISTRAR'S SIGNATURE <u>Erwin Hayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Liberty, Mo.</u>

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

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 John Pasley
Licensed Embalmer No. 4308

P. O. Address Liberty 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.