

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

7878

FILED APR 1 1952

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>5352</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH a. COUNTY <u>Dallas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lincoln</u>		c. LENGTH OF STAY (in this place) <u>71 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Lincoln 0300</u>		b. COUNTY <u>Dallas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) <u>Henry</u>			c. (Last) <u>Miller</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-1952</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	
8. DATE OF BIRTH <u>Sept-27-1925</u>		9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR <u>5</u> MONTHS <u>14</u> DAYS		IF UNDER 24 HRS. <u>14</u> HOURS <u>14</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Hickory Co, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas Miller</u>			13b. MOTHER'S MAIDEN NAME <u>MARY A. Jones</u>			14. NAME OF HUSBAND OR WIFE <u>Rhoda Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Rhoda Miller</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular remodeling 1 yr.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>senility</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>442X</u>				20. AUTOPSY? YES <input 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 <u>Feb 2</u> , 19 <u>52</u> , to <u>Mar 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Mar 10</u> , 19 <u>52</u> , and that death occurred at <u>2:00</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. J. Bailey</u>				23b. ADDRESS <u>Unpublished Mo</u>		23c. DATE SIGNED <u>Mar 29, 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BOWERS Chapel com.</u>		24d. LOCATION (City, town, or county) (State) <u>Urbanz MO</u>	
DATE REC'D BY LOCAL REG. <u>3-29-52</u>		REGISTRAR'S SIGNATURE <u>Grace P. ...</u>		80 FUNERAL DIRECTOR'S SIGNATURE <u>Vaughan-Ryan</u>		ADDRESS <u>Urbanz, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0300

---

---

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.....

*Allen W. Vaughan*

Signed.....  
Student Embalmer

Licensed Embalmer No.....*4156*

P. O. Address.....*Urbana Ill*

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.