S. No. 300
v. 10.48

FILED APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12074

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 411

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (In this place): 15 mon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Randolph 0240
d. STREET ADDRESS (If rural, give location): Rural 1

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) W. c. (Last) Miller
4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: (Month) Oct. (Day) 10 (Year) 1874 Not given
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpentering
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME: James R Miller Not given
13b. MOTHER'S MAIDEN NAME: Mary Hubbard Not given
14. NAME OF HUSBAND OR WIFE: Margaret Miller ~~Not given~~
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None Unk
17. INFORMANT'S SIGNATURE OR NAME: Gladys Munkres ADDRESS: No Kansas City Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yr Estimate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yr Estimate
DUE TO (c) Senility with Dementia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death This man died suddenly about 15 min after arrival at State Hosp 2

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 4221

22. *I hereby certify that I ~~attended~~ viewed the deceased from* 4/15, 1952 *to* _____, 19____; *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. F. Mundy M.D. (Degree or title) Coroner
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 4/15/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/17/1952
24c. NAME OF CEMETERY OR CREMATORY: Isadore Cemetery
24d. LOCATION (City, town, or county) (State): Isadore, Missouri

DATE REC'D BY LOCAL REG.: April 18, 1952
REGISTRAR'S SIGNATURE: Carl C. Cady 446
25. FUNERAL DIRECTOR'S SIGNATURE: Heaton-Bowman Funeral Home ADDRESS: St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed W E Edmunston

Signed _____
Student Embalmer

Licensed Embalmer No. 4791

P. O. Address 3195 10 St Joseph, 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.