

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21213**

DIED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5763** Registrar's No. **23**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Philadelphia Union		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Philadelphia Union 0640	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Elva c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) June 13, 1952		
5. SEX M	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Dec. 23, 1852	9. AGE (In years last birthday) 99	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Santa Fe New Mexico	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Wm. Andrew		13b. MOTHER'S MAIDEN NAME Columbia Hampton	
13c. NAME OF HUSBAND OR WIFE Ruth A. Pryor		14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME James W. Miller, Philadelphia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH unknown	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
		DUE TO (c) _____	
3. 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 334X		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 **Aug 9**, 1950, to **June 13, 1952**; that I last saw the deceased alive on **June 13, 1952**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE P. E. Shriver		23b. ADDRESS Philadelphia MO		23c. DATE SIGNED 6/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Nelsonville	
24d. LOCATION (City, town, or county) (State) Nelsonville MO.		25. FUNERAL DIRECTOR'S SIGNATURE Fraster and Hamer		ADDRESS Philadelphia, Mo.	
DATE REC'D BY LOCAL REG. 6/17/52		REGISTRAR'S SIGNATURE Ben Triola			

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

1640
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RECEIVED JUN 20 1952
MARION CO. HEALTH DEPT.
DATE FILED JUN 20 1952

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Harold V. Garner

Licensed Embalmer No. 3720
P. O. Address Marion City 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.