

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21333**

FILED JUN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **143-**

0742

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

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hopkins</b>	
c. LENGTH OF STAY (In this place) <b>5 days</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ED</b>		b. (Middle) <b>A.</b>		c. (Last) <b>MILLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 13 52</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4/3/74</b>	
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dentist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (State or foreign country) <b>Maryville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Absalom Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Miranda England</b>		14. NAME OF HUSBAND OR WIFE <b>Kate Wray Miller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ed A. Miller, Hopkins, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Chronic Valvular Disease of Heart</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Pneumatic Fever</b>		Unknown	
		DUE TO (c) <b>Chronic Glomerular Nephritis</b>		6 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>416x</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 11 1945, to June 13, 1952, that I last saw the deceased alive on 6/13, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>Hopkins, Missouri</b>		23c. DATE SIGNED <b>6/15/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6/15/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hopkins</b>		24d. LOCATION (City, town, or county) (State) <b>Hopkins, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>6 21 52</b>		REGISTRAR'S SIGNATURE <b>Bess Bolt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Price Funeral Home</b>		ADDRESS <b>Maryville, Mo.</b>	
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OCT 31 1952

AUG 7 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 \_\_\_\_\_

Student Embalmer No. 461

working under my personal supervision.

Student Curtis E. Kesley  
Student Embalmer

Signed Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville, 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.