

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23526**

FILED JUL 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>251</u>	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		2013	
d. FULL NAME OF HOSPITAL OR INSTITUTION K. O. H. Hospital				d. STREET ADDRESS (If rural, give location) 1718 S. Still			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) O.		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) July 17 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 2, 1887	
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		11. BIRTHPLACE (City and State or Foreign Country) Adair County, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. Janitor		10b. KIND OF BUSINESS OR INDUSTRY K. O. H. Clinic		11. Adair County, Mo		12. U. S. A.	
13a. FATHER'S NAME George Miller			13b. MOTHER'S MAIDEN NAME Ellen Connell			14. NAME OF HUSBAND OR WIFE Nellie Scott Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes 1907 to 1911			16. SOCIAL SECURITY NO. 711-12-8628			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nellie Miller, Kirkville, Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure Heart out circulation				INTERVAL BETWEEN ONSET AND DEATH 1 min.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ventricular Fibrillation				1 min.	
		DUE TO (c) Coronary Artery Disease				3 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholecystectomy				1 hour	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. 4201		19b. 4201				20. 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)			
21a. _____		21b. _____		21c. _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
21d. _____		21e. _____		21f. _____			
22. I hereby certify that I attended the deceased from <u>July 12, 1952</u> , to <u>July 17, 1952</u> , that I last saw the deceased alive on <u>July 17, 1952</u> and that death occurred at <u>9:25 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE M. T. Gutwahn				23b. ADDRESS Kirkville, Missouri		23c. DATE SIGNED 7-18-52	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 7/21/52		24c. NAME OF CEMETERY OR CREMATORY Brashear		24d. LOCATION (City, town, or county) (State) Brashear, Missouri	
DATE REC'D BY LOCAL REG. 7-18-52		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul W. Riley, Kirkville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

2013

DEC 29 1952

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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 Richard H. Randall

Licensed Embalmer No. 4866

P. O. Address Firskville, N.Y.

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.