

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27579

State File No.

FILED SEP 9 1952

BIRTH NO. _____		REG. DIST. NO. <u>96</u>	PRIMARY REG. DIST. NO. <u>5348</u>	Registrar's No. <u>42</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. COUNTY <u>Dallas</u>		
b. CITY OR TOWN <u>Rural Grant</u>	c. LENGTH OF STAY (In this place) <u>2 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grant 0300</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>HERMAN</u> b. (Middle) <u>William</u> c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 1 - 52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Dec-7-1879</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>72</u> Days <u>8</u> IF UNDER 24 HRS. Hours <u>24</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>Calden N. Y.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Louis A. Miller</u>		
13b. MOTHER'S MAIDEN NAME <u>Grace M. Heiser</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie E. Miller</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Warren H. Miller</u> ADDRESS <u>Urbana Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic Tumor</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal disease</u> DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
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) _____ m.		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>Jan</u> , 19 <u>52</u> , to <u>Sept 1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Aug 30</u> , 19 <u>52</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>C. J. Bailey Do</u> (Degree or title) _____		23b. ADDRESS <u>Urbana Mo.</u>		23c. DATE SIGNED <u>9-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>TFT. Calif.</u>
24d. LOCATION (City, town, or county) (State) <u>TFT. Calif.</u>		DATE REC'D BY LOCAL REG. <u>9-4-52</u>		
REGISTRAR'S SIGNATURE <u>Grace Peterson</u>		52. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughen-Ryan</u>		ADDRESS <u>Urbana Mo.</u>

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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 Allen W. Vaughan.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4156.....

P. O. Address Urbana, 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.