

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34491

FILED OCT 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>5287</u>		Registrar's No. <u>139</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, FISHING RIVER</u>		c. LENGTH OF STAY (in this place) <u>23 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, FISHING RIVER</u>		d. STREET ADDRESS (If rural, give location) <u>R R I Excelsior Springs Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sty. 10, Near Crescent Lake</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELTON</u>		b. (Middle) <u>EVERETT</u>		c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 11, 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 8, 1918</u>	
9. AGE (In years last birthday) <u>34</u>		10. MONTHS <u>0</u>		11. DAYS <u>3</u>		12. HOURS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Airplane Assembly</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ford Plant Claycomo mo</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LIBERTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>B. R. MILLER</u>			13b. MOTHER'S MAIDEN NAME <u>MAUDE L. MILLER</u>			14. NAME OF HUSBAND OR WIFE <u>JESSIE MARIE 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. <u>492-14-6463</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie Marie Miller, R R I Excelsior 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* (a) <u>Traumatic Head injury</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lost control of car, turned over on highway 10, near Excelsior Springs Mo.</u> DUE TO (c) <u>Excelsior Springs Mo.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intoxication</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #10</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fishing River trap Clay Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-11-52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car turned over.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. S. Pate M.D. Coroner</u>				23b. ADDRESS <u>North Kansas St, Mo.</u>		23c. DATE SIGNED <u>10/14/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery Excelsior Springs Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/14/52</u>		REGISTRAR'S SIGNATURE <u>Baroloni Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Excelsior Springs Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0240

NOV 8 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. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chas Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Greensboro Springs, N.C.

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.