

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35884**

FILED OCT 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **313**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
c. LENGTH OF STAY (In this place) <b>35 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>400 E. 2nd</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rothwell Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>W.</b> c. (Last) <b>Miller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct - 7 - 1952</b>		
5. SEX <b>Male</b> COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>March 1 - 1867</b>	
9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>6</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during month of working life, even if retired) <b>General work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (State or foreign country) <b>Speed Mo</b>	
13a. FATHER'S NAME <b>John Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Parmelia Drake</b>		14. NAME OF HUSBAND OR WIFE <b></b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</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>Miss Lucy Weamer</b> ADDRESS <b>Pilot Grove Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infection</b>		DUE TO (b) <b>Fracture Femoral neck - Rt.</b>			<b>10 days</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Senile Psychosis</b>			
II. 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Sedalia Pettis Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall 13'</b>	

22. I hereby certify that I attended the deceased from **10 - 4**, 19**52**, to **10 - 7**, 19**52**, that I last saw the deceased alive on **10 - 7**, 19**52**, and that death occurred at **5:50 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas J. Hopkins, M.D.</b>		23b. ADDRESS <b>418 1/2 So. Ohio</b>		23c. DATE SIGNED <b>10/10/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-9-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	
		24d. LOCATION (City, town, or county) (State) <b>Sedalia Mo</b>			

DATE REC'D BY LOCAL REG. <b>10-9-52</b>		REGISTRAR'S SIGNATURE <b>R. J. Campbell, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin Bros</b> ADDRESS <b>Sedalia</b>	
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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.

Student .....  
Student Embalmer

Signed K.P.M. Cary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.