

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40520**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10409**

FILED DEC 2 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Moberly 0823	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 317 Johnson avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1			
3. NAME OF DECEASED (Type or Print) EDGAR		c. (Last) MILLER	
a. (First)		b. (Middle) L	
4. DATE OF DEATH (Month) (Day) (Year) 11-11-52		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) single	
8. DATE OF BIRTH 6-3-1900		9. AGE (In years last birthday) 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Zed Miller		13b. MOTHER'S MAIDEN NAME Mary De Vall	
14. NAME OF HUSBAND OR WIFE single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME W.H. Dunivent, Moberly, 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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ltr of skull, Brain Injury		DUE TO (b) following injury of undetermined origin where deceased was found in rear of 921 Spruce	
ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Approx 700 and on Nov 4 1952 time place, cause and	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Manner of same could not be determined open verdict	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) product	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 000	
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? E9040		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 500 P. m. , from the causes and on the date stated above. 21	
23a. SIGNATURE Patrick B. Bayliss		23b. ADDRESS 1200 Clark ave	
23c. DATE SIGNED 11-12-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11-12-52		24c. NAME OF CEMETERY OR CREMATORY Moberly, Mo.	
24d. LOCATION (City, town, or county) (State) Moberly, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Mahan F.H., Moberly, Mo.	
DATE REC'D BY LOCAL REG. NOV 12 1952		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Mahan F.H., Moberly, Mo.		ADDRESS Moberly, Mo.	

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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 Ronald Zahrke

Licensed Embalmer No. 3917

P. O. Address _____

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.