

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4782

State File No.

FILED FEB 28 1953

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>7 Hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amoret</u>		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grant</u> b. (Middle) <u>William</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-53</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>Aug. 18, 1890</u>	
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>		IF UNDER 1 Wk. Hours <u></u> Mins. <u></u>			
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 (City and State or Foreign Country) <u>Bethany, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mezey Ann Edson</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Belle 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>77871C</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Belle Miller Amoret, 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>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 HRS.</u>	
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)		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) (Min)		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>FEB. 13</u> , 1953, to <u>FEB 13</u> , 1953, that I last saw the deceased alive on <u>FEB 13</u> , 1953, and that death occurred at <u>8:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John M. Cooper M.D.</u>				23b. ADDRESS <u>BUTLER, Mo</u>		23c. DATE SIGNED <u>2-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Amoret, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 17-53</u>		REGISTRAR'S SIGNATURE <u>Russell Murray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer & Mangold</u>		ADDRESS <u>Amsterdam, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 3650

P. O. Address Adrian 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.