

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13406**

XC-1646701
FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 153

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

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 8 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Essex		1030
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			d. STREET ADDRESS (If rural, give location) Rural		
3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) NMI c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) April 3, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-17-91	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Bertrand, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Miller		13b. MOTHER'S MAIDEN NAME Laura Brown		14. NAME OF HUSBAND OR WIFE Corda Eithel Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NW I	17. INFORMANT'S SIGNATURE OR NAME Unknown	ADDRESS VA HOSPITAL RECORDS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct, acute, severe, fatal ANTECEDENT CAUSES DUE TO (b) Coronary arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201			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 Mar. 26, 1953 , to April 3, 1953 , and that death occurred at 10:45 AM from the causes and on the date stated above.					
23a. SIGNATURE Ann Dine		23b. ADDRESS (Degree or title) CHIEF, MEDICAL SV. VAH, POPLAR BLUFF, MO.		23c. DATE SIGNED 4-3-53	
24a. BURIAL, CREMATION, DATE, PLACE, NAME OF CEMETERY OR CREMATORY Burial April 5, 53 Essex cemetery	24d. LOCATION (City, town, or county) (State) Essex, Mo.				
DATE REC'D BY LOCAL REG. 4-3-53	REGISTRAR'S SIGNATURE Wm H Johnson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Funeral Ser. Dexter, Mo.		

RECEIVED

APR 15 1953

BUTLER CO. HEALTH CENTER

FILE No. 453-190

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Butler, 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.