

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13959

State File No.

FILED MAY 12 1953

BIRTH NO.		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>4220</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Hickory</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Wheatland</u>		c. LENGTH OF STAY (In this place) <u>40 years</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Wheatland</u>				d. STREET ADDRESS (If rural, give location) <u>South Wheatland 0</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>William</u>		b. (Middle) <u>David</u>		c. (Last) <u>Miller</u>		DATE (Month) (Day) (Year) <u>May 3-1953</u>	
(Type or Print)							
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>Mar 30 1874</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>1</u>		11. YEARS <u>3</u>		12. HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hardware Clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Store Clerk</u>			11. BIRTHPLACE (State or foreign country) <u>Arery Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>Mathew Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Dickerson</u>		14. NAME OF HUSBAND OR WIFE <u>Grace 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ted Miller - Wheatland, Mo.</u> ADDRESS			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio sclerosis</u>				<u>10 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				<u>5 mos</u>	
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u>					
		DUE TO (c) <u>decompensating heart</u>				<u>1 wk</u>	
		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 <u>260X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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</u> , 19 <u>53</u> , to <u>May 3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>May 2</u> , 19 <u>53</u> , and that death occurred at <u>12:45 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Nevin M.D.</u> (Degree or title)				23b. ADDRESS <u>Hermitage Mo</u>		23c. DATE SIGNED <u>5-4-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arery Springs Road Arery, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>5-4-1953</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edna H. Hattaway - Wheatland Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

430
1

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. Gilbert Hathaway

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, 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.