

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15114**

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
c. LENGTH OF STAY (in this place) 7 yrs.		d. STREET ADDRESS (If rural, give location) 612 North Fillmore	
d. FULL NAME OF HOSPITAL OR INSTITUTION 612 North Fillmore			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLIE b. (Middle) O. c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) 4 7 53			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/12/72	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and State or Foreign Country) Illinois /		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Miller		13b. MOTHER'S MAIDEN NAME Hannah Shanks		14. NAME OF HUSBAND OR WIFE Flora Deets Miller	
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 ADDRESS Mrs. C. O. Miller, Maryville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart block					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Arteriosclerosis					

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) (m.)		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 **Jan 18, 1953**, to **April 7, 1953**, that I last saw the deceased alive on **Apr 7, 1953**, and that death occurred at **4:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. M. Chase D. O.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED Apr 10 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/11/53		24c. NAME OF CEMETERY OR CREMATORY Ohio	
		24d. LOCATION (City, town, or county) (State) Burlington Jct., Mo.			

DATE REC'D BY LOCAL REG. 4-18-53		REGISTRAR'S SIGNATURE Bless Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home - Maryville, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

742

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

Clay M. Price

Licensed Embalmer No. *1822*

P. O. Address *Marion 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.