

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 22018

FILED JUL 13 1953

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>5618</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 Mi. West Greensburg, Mo</u>			c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 Mi. West Greensburg, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0520</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otis</u>		b. (Middle) <u>John</u>		c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>6</u> (Year) <u>1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Mar. 3, 1890</u>		9. AGE (In years, last birth day) <u>63</u>	10. UNDER 1 YEAR Months <u>4</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer & stockman</u>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>David H. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>America J. Cook</u>		14. NAME OF HUSBAND OR WIFE <u>Nina Wingenter 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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. E. Luman</u> ADDRESS <u>Edina, Missouri</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>Laceration & Contusion of</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Brain due to gunshot</u> DUE TO (c) <u>Wound (Self-inflicted)</u> 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 <u>976X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT <u>SUICIDE</u> 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) <u>7-6-53 (?)</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. W. H. Brown</u> (Degree or title) <u>Chap. County</u>				23b. ADDRESS		23c. DATE SIGNED <u>7/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linville cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Edina, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 10-53</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Brown</u>		ADDRESS <u>Edina, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5
1915

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 Mrs J. W. Anderson

Licensed Embalmer No. 2972

P. O. Address Edina, Ma.

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.