# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22096

FILED JUN 17 1953

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 64

**1. PLACE OF DEATH**
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville
d. STREET ADDRESS (If rural, give location):

0550
0

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): Thomas
c. (Last): Miller

**4. DATE OF DEATH** (Month) (Day) (Year): June 12, 1953

**5. SEX**: Male 0

**6. COLOR OR RACE**: white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married

**8. DATE OF BIRTH**: August 2, 1883

**9. AGE** (In years last birthday): 69 — If under 1 year: Months 10, Days 10 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Plumber

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and State or Foreign Country): St. Joseph, Missouri 0

**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

**13a. FATHER'S NAME**: Joseph Miller

**13b. MOTHER'S MAIDEN NAME**: Ernestine Hack

**14. NAME OF HUSBAND OR WIFE**: Ida Mae Miller

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no

**16. SOCIAL SECURITY NO.**: 494-18-0895

**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Gene Miller, Marionville, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 16 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Heart Disease With Hypertention — 10 years

DUE TO (c) Prostatic Hyperplasia With Obstruction — 2 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**: 4200

**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**:

**22.** *I hereby certify that I attended the deceased from* 10 September 1952, *to* 12 June 1953, *that I last saw the deceased alive on* 12 June 1953, *and that death occurred at* 7:55 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: O. C. Ramsey (Degree or title): M.D.

**23b. ADDRESS**: Marionville, Mo.

**23c. DATE SIGNED**: 13 June 53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: June 14, 1953

**24c. NAME OF CEMETERY OR CREMATORY**: Odd Fellows Cemetery

**24d. LOCATION** (City, town, or county) (State): Marionville, Mo.

**DATE REC'D BY LOCAL REG.**: 6-13-1953

**REGISTRAR'S SIGNATURE**: Ora McNatt 157

**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: J. B. Surridge, Marionville, Mo.

(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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.