

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23854

State File No. \_\_\_\_\_

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

FILED AUG 12 1953		REG. DIST. NO. <u>27</u>	PRIMARY REG. DIST. NO. <u>3005</u>	Registrar's No. <u>77</u>
1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>		
b. CITY OR TOWN <u>Butter</u>		c. CITY OR TOWN <u>Rich Hill</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 days</u>		e. STREET ADDRESS (If rural, give location) <u>Rich Hill</u> <u>0010</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butter Memorial Hosp.</u>				
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First) <u>George</u>	b. (Middle) <u>O</u>	c. (Last) <u>Miller</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>July 30, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>2-14-1878</u>	
9. AGE (In years last birthday) <u>78</u>		<u>5</u>	<u>16</u>	<u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Mike Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret</u>		14. NAME OF HUSBAND OR WIFE <u>Single</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. Lee Bright - Butter Mo.</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____		
		DUE TO (c) _____		
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>4201</u>		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 <u>July 28, 1953</u> , to <u>July 30, 1953</u> , that I last saw the deceased alive on <u>July 30, 1953</u> , and that death occurred at <u>2:00 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>R. E. Robinson M.D.</u> (Degree or title)		23b. ADDRESS <u>Adrian, Mo.</u>		23c. DATE SIGNED <u>8-3-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ox Hill Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Butter, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Aug 3-1953</u>		REGISTRAR'S SIGNATURE <u>Randall Kerney</u> <u>170</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cubert Underwood</u> ADDRESS <u>Butter, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

**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.....  
Signature of Student Embalmer

Signed.....  
*John G. Underwood*

Licensed Embalmer No. *358*  
P. O. Address *Butler*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.