

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31227

State File No.

FILED OCT 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>102</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carrollton.</u>		c. LENGTH OF STAY (in this place) <u>9 Days.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton.</u>		<u>0170</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hospital.</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. # 1.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John.</u> b. (Middle) _____ c. (Last) <u>Miller.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, ² WIDOWED, DIVORCED (Specify) <u>Widowed.</u>		8. DATE OF BIRTH <u>Oct. 15, 1862</u>	
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll County Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Miller.</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Kleemann.</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. Harry L. Miller</u> ADDRESS _____			
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>Broncho pneumonia and</u> ANTECEDENT CAUSES DUE TO (b) <u>Acute Heart failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		<u>491X</u>	
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>Sept 25, 1953</u> , to <u>Oct 5</u> , 1953, that I last saw the deceased alive on <u>Oct 4th, 1953</u> , and that death occurred at <u>5 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William G. Atwood M. D.</u>				23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>10/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>Norborne, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/7/53</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Deitch</u>		ADDRESS <u>Norborne</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FILED
APR 2 1954
APR 1
1955

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John G. Dutcher Jr.
Licensed Embalmer No. 4797

P. O. Address Norham

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.