

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

State File No. **32434**

FILED OCT 5 1953

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **4322b** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MILLER	
b. CITY OR TOWN OLEAN	c. LENGTH OF STAY (If this place) lifetime	c. CITY OR TOWN OLEAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION OLEAN		d. STREET ADDRESS (If rural, give location) OLEAN 0660	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph- b. (Middle) ARTHUR c. (Last) M. MILLIAN			4. DATE OF DEATH (Month) (Day) (Year) Sept-14-1953		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 16 Oct 1870		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY Building-	11. BIRTHPLACE (State or foreign country) Miller-Co-Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert M. MILLIAN		13b. MOTHER'S MAIDEN NAME Haily-Corvin	14. NAME OF HUSBAND OR WIFE Crystal-M. MILLIAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Crystal-M. MILLIAN		ADDRESS OLEAN 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. primary prostate.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None

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 **2:40 P m., from the causes and on the date stated above.**

23a. SIGNATURE C. O. Shelton (Degree or title) MD	23b. ADDRESS ELDON - Mo	23c. DATE SIGNED 17 Sept 53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 17 Sept 53	24c. NAME OF CEMETERY OR CREMATORY OLEAN	24d. LOCATION (City, town, or county) (State) OLEAN Mo
DATE REC'D BY LOCAL REG. Sept. 17 '53	REGISTRAR'S SIGNATURE 192-0 Cal Danna	25. FUNERAL DIRECTOR'S SIGNATURE Keith Mays ADDRESS ELDON Mo	

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

11 1933
RECEIVED

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 *Keith McKays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.