No. 300
0-48

FILED OCT 5 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32435

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: MILLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-SALINE
c. LENGTH OF STAY (In this place): 10 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi. N- SPRIN GARDEN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MILLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL- SALINE 0660
d. STREET ADDRESS (If rural, give location): 3 mi- N- SPRING- GARDEN

3. NAME OF DECEASED (Type or Print)
a. (First): EDGAR
b. (Middle):
c. (Last): MILLER

4. DATE OF DEATH (Month) (Day) (Year): Sept- 7 1953

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 24 APRIL 1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: GEN. FARMING
11. BIRTHPLACE (State or foreign country): MILLER- CO- MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GEORGE-W- MILLER
13b. MOTHER'S MAIDEN NAME: ISAPHENE- BIRDSONG
14. NAME OF ~~HUSBAND~~ OR WIFE: VIRGIN- MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: VIRGINIA- MILLER- — 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 90 MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE 4201
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.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NONE

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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* 9-7, 1953, *and that death occurred at* 9:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Humphreys D.O.
23b. ADDRESS: Tuscumbia ~~Eldon~~ Mo.
23c. DATE SIGNED: 8 Sept 53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9 Sept 53
24c. NAME OF CEMETERY OR CREMATORY: New- Hope-
24d. LOCATION (City, town, or county) (State): MILLER- CO- MO

DATE REC'D BY LOCAL REG.: Sept. 9, 53
REGISTRAR'S SIGNATURE: Alverretta Walt 192-0
25. FUNERAL DIRECTOR'S SIGNATURE: Keith M Kays — ADDRESS: ELDON MO

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 5 1959

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 w the above constitutes grounds for revocation of license.)

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