

STANDARD CERTIFICATE OF DEATH

35127

State File No.

FILED NOV 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1128

0110

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington Tp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington - Twsp.</u>	
c. LENGTH OF STAY (If in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. #1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>CHRISTIAN</u> c. (Last) <u>MILLER SR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21 1953</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 3, 1890</u>		9. AGE (In years less birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Liquor</u>			11. BIRTHPLACE (State or foreign country) <u>St. Joseph Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		
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13a. FATHER'S NAME <u>Henry Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Foltz</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Allie Miller</u>		
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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>500-36-1295</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Allie Miller St. Joseph, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>	
		ANTECEDENT CAUSES Morbidity 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. <u>1561</u>							

19a. DATE OF OPERATION <u>9/2/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of liver (Confirmed by Biopsy)</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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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?			
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22. I hereby certify that I attended the deceased from 4-16, 1953, to 10-21, 1953, that I last saw the deceased alive on 10-20, 1953, and that death occurred at 11:16A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Thompson Jr.</u>			23b. ADDRESS <u>902 Edmund - St. Joseph</u>			23c. DATE SIGNED <u>10/2/53</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 30, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathie M. Allison</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stoney Funeral Home St. Joseph Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1953

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Charles E. Bennett*

Signed.....
Student Embalmer

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph 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.