THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 2 - 1953

State File No. 35696

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 20-23-2 Registrar's No. 228

1. PLACE OF DEATH
a. COUNTY HENRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLINTON
c. LENGTH OF STAY (In this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MOORE REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY CASS-0190
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PLEASANT HILL
d. STREET ADDRESS (If rural, give location) South Part of Town

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

4. DATE OF DEATH (Month) (Day) (Year) 10-26-1953

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
MALE	WHITE	SINGLE	1-10-77	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) POLK Co. Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES MILLER
13b. MOTHER'S MAIDEN NAME ELIZABETH HUFFMAN
14. NAME OF HUSBAND OR WIFE MARY MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wesley Miller Pleasant Hill 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) Gangrene of right leg — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION 260X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 21, 1953, *to* Oct 26, 1953, *that I last saw the deceased alive on* Oct 21, 1953, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) S. B. Hughes D. M. D.
23b. ADDRESS Clinton Mo.
23c. DATE SIGNED 10/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 10-28-53
24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill
24d. LOCATION (City, town, or county) (State) Pleasant Hill Mo

DATE REC'D BY LOCAL REG. Oct 28-53
REGISTRAR'S SIGNATURE 422 Florence Adair
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen Brumfield Pleasant Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Ellen Burnhart

Licensed Embalmer No. 3785

P. O. Address Glenn Dale, Md.

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.