

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38014

State File No. ....

FILED NOV 9 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 937 PRIMARY REG. DIST. NO. 4499 Registrar's No. 90

1020  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Shelby</u> b. CITY OR TOWN <u>Shelbina, Missouri</u> c. LENGTH OF STAY (If in place) <u>2 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Center St.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> c. CITY OR TOWN <u>Shelbina,</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>1020 South Center St.</u>	
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<b>3. NAME OF DECEASED</b> a. (First) <u>John</u> b. (Middle) <u>Hiram</u> c. (Last) <u>Miller</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>10-30-1953</u>					
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widower</u>	<b>8. DATE OF BIRTH</b> <u>9-1-1877</u>	<b>9. AGE (In years last birthday)</b> <u>76</u>	<b>10. MONTHS</b> <u>1</u>	<b>11. DAYS</b> <u>29</u>	<b>12. HOURS</b> _____	<b>13. MIN.</b> _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Jeweler</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Same</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Shelbina, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		

<b>13a. FATHER'S NAME</b> <u>Charles Miller</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah E. Givan</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Fred Miller</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>X</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Fred Miller</u>
		<b>ADDRESS</b> <u>Shelbina, Mo.</u>

<b>18. CAUSE OF DEATH.</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Coronary Occlusion</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) <u>Arteriosclerosis</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Unnecessary</u>	<b>INTERVAL BETWEEN ONSET AND DEATH</b>   _____
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<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> _____

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 \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23. SIGNATURE</b> <u>Colinusgrove (Connet) Becke</u>	<b>23b. ADDRESS</b> <u>Mo</u>	<b>23c. DATE SIGNED</b> <u>Nov 2-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>11-1-1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Shelbina, T.O.O.F.</u>
		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Shelbina, MO</u>

<b>DATE REC'D BY LOCAL REG.</b> <u>11-5-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Ada Garrison</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Barkelaw &amp; Hawkins</u>
		<b>ADDRESS</b> <u>Shelbina, Mo.</u>

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 447

P. O. Address Shelby

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.