

No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39776

FILED DEC 14 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5816 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Richland Twp)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland</u>	
c. LENGTH OF STAY (in this place) <u>9 mo</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles South of Otterville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles South of Otterville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>ADAM</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7 1953</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 9, 1902</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Sac County Iowa</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>Kulia Wagner</u>	14. NAME OF HUSBAND OR WIFE <u>Violet Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Violet Miller</u> ADDRESS <u>Otterville</u>
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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, ashenia, 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) <u>CORONARY OCCLUSION</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</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) (Min.)	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 APRIL 26, 1953, to December 7, 1953, that I last saw the deceased alive on December 7, 1953, and that death occurred at 2:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. W. Johnson</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Otterville Mo</u>	23c. DATE SIGNED? <u>December 8, 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Otterville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 12, 1953</u>	REGISTRAR'S SIGNATURE <u>Kim L. Rippinger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hays - Painter</u> ADDRESS <u>Otterville, Mo.</u>
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(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 *myself*

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Pepton E. Hayes*  
Student Embalmer No. ....

Licensed Embalmer No. *2074*

P. O. Address *Pilot Grove, Wis.*

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.