

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42240**

No. 300
10.48

120
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FILED DEC 21 1953 BIRTH NO. REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5145** Registrar's No. **43**

1. PLACE OF DEATH a. COUNTY Caldwell			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buckner		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Breckenridge Twp.		c. LENGTH OF STAY (in this place) wreck	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) Mo. R. R. #2
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 mi. west Breckenridge			d. STREET ADDRESS (If rural, give location) Mo. R. R. #2		
3. NAME OF DECEASED (Type or Print) a. (First) DONALD b. (Middle) DEAN c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) 12/9/53		
5. SEX M	6. COLOR OR RACE V	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/5/1922	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver	10b. KIND OF BUSINESS OR INDUSTRY trucking	11. BIRTHPLACE (State or foreign country) Saxton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Orin T. Miller		13b. MOTHER'S MAIDEN NAME Ola Balla Davis		14. NAME OF HUSBAND OR WIFE Robby Francis Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. World War 2	17. INFORMANT'S SIGNATURE OR NAME State Patrol, Mo. ADDRESS			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Head			INTERVAL BETWEEN ONSET AND DEATH Instantaneous
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Truck Wreck			
		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	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 1/2 mi. W. Breckenridge	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Breckenridge Caldwell Mo (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-9-53 8:17 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Truck tractor skidded into ditch.

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.

23a. SIGNATURE Chas. W. Brown (Degree or title) Med. Examiner Caldwell Co.	23b. ADDRESS P.O. Mo.	23c. DATE SIGNED 12-9-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/9/1953	24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		

DATE REC'D BY LOCAL REG. 12-14-53	REGISTRAR'S SIGNATURE Mr. Nell B. Jones	25. FUNERAL DIRECTOR'S SIGNATURE MICHAEL FUNERAL CHAPEL-BRECKENRIDGE, MO. ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

MAY 5 1956

DEC 23 1953

DEC 20 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer _____

Signed _____

Gene C. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.