

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

State File No. **43420**

BIRTH **FILED MAR 4 1954** REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579** Registrar's No. **184**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mineral Twp.	c. LENGTH OF STAY (in this place) 150 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rockport	d. STREET ADDRESS (If rural, give location) R.R. # 2
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jasper Co. J. R. Hospital		d. STREET ADDRESS (If rural, give location) R.R. # 2	

3. NAME OF DECEASED (Type or Print) a. (First) Carl	b. (Middle) Joe	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) Dec. 27-1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Aug. 31-1935	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Watson, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Eddie Miller	13b. MOTHER'S MAIDEN NAME Nora Brown	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Eddie Miller, Rockport, Mo.	ADDRESS Rockport, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid 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. Bronchietosis	INTERVAL BETWEEN ONSET AND DEATH 10 or 12 years
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 002X	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 Nov. 1, 1953, to Dec. 27, 1953, that I last saw the deceased alive on Dec. 27, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. L. Harvey M.D.	23b. ADDRESS Webb City, Missouri	23c. DATE SIGNED 12-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-29-53	24c. NAME OF CEMETERY OR CREMATORY Rockport Cemetery	24d. LOCATION (City, town, or county) (State) Rockport Mo.
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DATE REC'D BY LOCAL REG. 12-27-53	REGISTRAR'S SIGNATURE Mrs. Madeline Surtzger	25. FUNERAL DIRECTOR'S SIGNATURE Beckstrom Funeral Home	ADDRESS Rockport Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

05121

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 *James H. Lewis*

Licensed Embalmer No. *4561*

P. O. Address *Well City*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.