No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7873

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 203

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Coon Island
d. STREET ADDRESS (If rural, give location): 0 1 22 1

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Allen
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): March 15 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: May 9, 1952
9. AGE (In years last birthday): 1 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poplar Bluff, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Clinton Miller
13b. MOTHER'S MAIDEN NAME: Margie Bruce
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Henry A. Miller
ADDRESS: Neelyville 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): Poison — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): (Liquid Rat Poison Tom (at") arsenic
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: E8880 14

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 128 (STATE): Coon Island Twp, Butler mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 14-54 2 P. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: accidentally drank some rat poison

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 4 A m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) **23b. ADDRESS**: Poplar Bluff Mo
23c. DATE SIGNED: Mar 18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/16/54
24c. NAME OF CEMETERY OR CREMATORY: Coon Island
24d. LOCATION (City, town, or county) (State): Butler Co., Missouri

DATE REC'D BY LOCAL REG.: 3/23/54
REGISTRAR'S SIGNATURE: 489
25. FUNERAL DIRECTOR'S SIGNATURE: Gish Funeral Home
ADDRESS: Naylor, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 30 1954
BUTLER CO. HEALTH CENTER

FILE No._____

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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