

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11343

FILED MAY 12 1954

State File No. _____

BIRTH NO. _____

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 291

1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Poplar Bluff</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lucy Lee Hosp.</u>				STREET ADDRESS (If rural, give location) <u>807 Nickey</u> <u>0129</u> <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Thurman</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1954</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 15, 1885</u>	9. AGE (In years last birthday) <u>68</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Williamson Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>James Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Pate</u>		14. NAME OF HUSBAND OR WIFE <u>Drucilla Long Miller</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Drucilla Miller, Poplar Bluff</u>					
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>				DUE TO (b) <u>Hypertension</u>				<u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>								<u>year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)					
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?					
22. I hereby certify that I attended the deceased from <u>April 23, 1954, to April 25, 1954</u> , that I last saw the deceased alive on <u>April 25, 1954</u> , and that death occurred at <u>11:35 P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Norman E. Willis M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo</u>		23c. DATE SIGNED <u>3 May 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Hill, Butler, Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/5/54</u>		REGISTRAR'S SIGNATURE <u>B H Mueller</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank-Cotrell Poplar Bluff, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 10 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 _____
Signature of Student Embalmer

Signed *Wallace P. Kriz*

Licensed Embalmer No. *451*

412 vme
P. O. Address *Poplar*

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.