

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11344

FILED APR 28 1954

State File No. _____
Registrar's No. 273

43

3007

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. <u>273</u>					
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff									
c. LENGTH OF STAY (in this place) 407 days				d. STREET ADDRESS (If rural, give location) 507 Park Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) Quincy			b. (Middle) Henry			c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) April 15, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 14, 1898		9. AGE (in years last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Isom Luther Miller				13b. MOTHER'S MAIDEN NAME Lilly Bell West				14. NAME OF HUSBAND OR WIFE Jennie Miller					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				16. SOCIAL SECURITY NO. 499 03 4162		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency 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.								INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				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) VA m. _____		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 3-4-53 , 19____, to 4-15-54 , 19____, and that death occurred at 6:45a m., from the causes and on the date stated above.													
23a. SIGNATURE E. D. BASKETT, M.D. (Degree or title) _____								23b. ADDRESS VA Hospital Poplar Bluff, Mo.		23c. DATE SIGNED 4-15-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-20-54		24c. NAME OF CEMETERY OR CREMATORY National Cem.				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. 4/20/54		REGISTRAR'S SIGNATURE R. H. Munttel		25. FUNERAL DIRECTOR'S SIGNATURE Sheer Cray & Fildes ADDRESS Poplar Bluff, Mo.									

(Licensed Embalmer's Statement on Reverse Side)

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

10.300
10.48

RECEIVED
APR 26 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Wallace N. J. [Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. *3859*

P. O. Address *Opola, Ohio*

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.