

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

18409

State File No. _____

FILED JUL 13 1954

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5322</u>		Registrar's No. <u>18-1954</u>			
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>					
b. CITY OR TOWN <u>Soulton</u>		c. LENGTH OF STAY (In this place) <u>4 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Soulton</u>		d. STREET ADDRESS (If rural, give location) <u>Opposite 6 1/2 NW. of Anthon, Mo. Rt 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>Opposite 6 1/2 NW. of Anthon, Mo. Rt 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOANN</u>			b. (Middle) <u>Miller</u>		c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-4-1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>		8. DATE OF BIRTH <u>7-4-54</u>		9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR: Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Crawford Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Everett F. Miller</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA MAE Miller</u>			14. NAME OF HUSBAND OR WIFE _____			
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 <u>ANNA M. Miller, At 1, Anthon, Mo.</u>			ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY</u>							
		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.							
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) _____		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>3:30 AM, July 4, 1954</u> , to <u>July 4, 1954</u> , that I last saw the deceased alive on <u>July 4, 1954</u> , and that death occurred at <u>7:00 A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Richard T. Walden</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Bourbon, Missouri</u>				23c. DATE SIGNED <u>7-4-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-4-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SEA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Seaburg, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-4-1954</u>		REGISTRAR'S SIGNATURE <u>Paul A. Shanahan</u> 372		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanahan</u>		ADDRESS <u>Paul A. Shanahan, Mo.</u>			

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

STATEMENT BY LICENSED EMBALMER

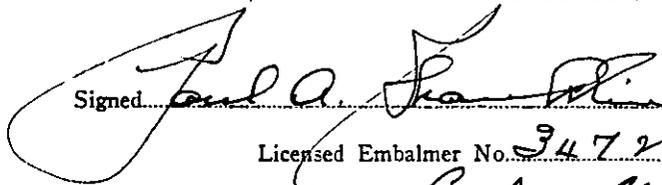
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address Cuba, 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.