

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18621

FILED JUL 6 - 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 603

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2206 N. Jefferson		e. STREET ADDRESS (If rural, give location) 2206 N. Jefferson		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Marion		b. (Middle) E.		c. (Last) Miller	
4. DATE OF DEATH (Month) (Day) (Year) June 25, 1954		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 4, 1874		9. AGE (In years last birthday) Months Days 79	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Ret. Frisco		10b. KIND OF BUSINESS OR INDUSTRY Frisco Rail R.		11. BIRTHPLACE (City and State or Foreign Country) Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Peter Miller		13b. MOTHER'S MAIDEN NAME Sarah Bowman	
14. NAME OF HUSBAND OR WIFE Essie Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Essie Miller		ADDRESS Springfield Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cocainism of lung. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		MEDICAL CERTIFICATION Interval between ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocardial Disease		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) 16.3		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 4-1951, to 6-25, 1954, that I last saw the deceased alive on 6-25, 1954, and that death occurred at 5:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Max Fitel		(Degree or title) M.D.		23b. ADDRESS 1711 Boonville	
23c. DATE SIGNED 6-27-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-29-54	
24c. NAME OF CEMETERY OR CREMATORY Greenawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri			
DATE REC'D BY LOCAL REG. 6-29-54		REGISTRAR'S SIGNATURE E. W. Williamson		FUNERAL DIRECTOR'S SIGNATURE J. W. Ringler & Co	
ADDRESS Springfield, Mo.					

(Licensed Embalmer's Statement on Reverse Side) 98 K 91.

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

APR 6 1934

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 *Max F. Hood*
Licensed Embalmer No. *40*
P. O. Address *Spring*

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.