

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19664

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Marion County		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Shelbina, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) X	
3. NAME OF DECEASED a. (First) WILLIAM		b. (Middle) HENRY	
c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) 6-26-1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-24-1864
9. AGE (In years last birthday) 89		10. MONTHS 10	11. DAYS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Mail		10b. KIND OF BUSINESS OR INDUSTRY Carrier	11. BIRTHPLACE (State or foreign country) Shelbyville, Mo.
13a. FATHER'S NAME Elwood Miller		13b. MOTHER'S MAIDEN NAME Mary Jennings	14. NAME OF HUSBAND OR WIFE Hettie Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Ollie Taylor, Hannibal, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis & arteriosclerosis ? DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None except senility	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
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) (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 Nov. 19, 1953 , to June 26, 1954 , that I last saw the deceased alive on June 25, 1954 , and that death occurred at 11:35 P. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. M. D.		23b. ADDRESS Hannibal, Mo.	23c. DATE SIGNED 6/29/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-28-1954	24c. NAME OF CEMETERY OR CREMATORY Pleasant Prairie	24d. LOCATION (City, town, or county) (State) Shelby Co. Mo.
DATE REC'D BY LOCAL REG. 7/2/54	REGISTRAR'S SIGNATURE Dr. E. M. ...	25. FUNERAL DIRECTOR'S SIGNATURE 189-0	ADDRESS Barkelaw & Hawkins, Shelbina, Mo.

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

RECEIVED JUL 7 1954
MARION CO. HEALTH DEPT.
DATE FILED JUL 7 1954

JAN 2 1955

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 *C. W. Hawkins*

Licensed Embalmer No. *3498*

P. O. Address *Shelburne N.H.*

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.