No. 300
10-48

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22218

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5133 Registrar's No. 821

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1. PLACE OF DEATH
a. COUNTY Buchanen
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Easton, Marion twp,
c. LENGTH OF STAY (in this place) 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home, 7 Miles N.W. of town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo,
b. COUNTY Buchanen
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Easton, Rural, Marion twp.
d. STREET ADDRESS (If rural, give location) 7 Mi. N.W. of town

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3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Preston c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) 7- 13- 54

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov, 15, 1875
9. AGE (In years last birthday) 79 — 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) Section Forman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Mo,
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Adam Miller
13b. MOTHER'S MAIDEN NAME Sarah Cocklin
14. NAME OF HUSBAND OR WIFE ~~None~~ Not given

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXXXXXXX
16. SOCIAL SECURITY NO. not given
17. INFORMANT'S SIGNATURE OR NAME Ralph Miller ADDRESS Clarksdale 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sensal Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Arteriosclerosis — yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Dehydration — 2 wks
Cardio-vascular — yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Disease 332X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1-54, 19__, *to* 7-13-54, 19__, *that I last saw the deceased alive on* NOON 7-13, 1954, *and that death occurred at* ? p m., *from the causes and on the date stated above.*

23a. SIGNATURE M. E. Grimes (Degree or title) M.D.
23b. ADDRESS St Joseph Mo
23c. DATE SIGNED 7-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-17-54
24c. NAME OF CEMETERY OR CREMATORY Blakely
24d. LOCATION (City, town, or county) (State) Easton Mo

DATE REC'D BY LOCAL REG. July 24, 1954
REGISTRAR'S SIGNATURE Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE John Boon ADDRESS Maysville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No. 3933

P. O. Address Mayeville 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.