

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22857

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 190 PRIMARY REG. DIST. NO. 3022 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard					
c. CITY OR TOWN Fayette		c. LENGTH OF STAY (in this place) 16 da.		c. CITY OR TOWN Fayette		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital				STREET ADDRESS (If rural, give location) R. R. #3 0450					
3. NAME OF DECEASED (Type or Print) a. (First) Uriel		b. (Middle) Sebree		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) July 14, 1954			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 27, 1893			
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR 8 Months		IF UNDER 2 HRS. 17 Hours		9. AGE (In years last birthday) 60			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri			
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME James G. Miller		13b. MOTHER'S MAIDEN NAME Emma Ann Tippet			
14. NAME OF HUSBAND OR WIFE Eliza Earickson				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)					
16. SOCIAL SECURITY NO. ---				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Uriel S. Miller Fayette, 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) Acute coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 10 days 6 yrs	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 4201				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) (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 29 June, 1954 , to 14 July, 1954 , that I last saw the deceased alive on 14 July, 1954 , and that death occurred at 3:15 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE Mrs J. Shaw M.D. (Degree or title)				23b. ADDRESS Fayette Mo.		23c. DATE SIGNED 7-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/16/54		24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette, Missouri			
DATE REC'D BY LOCAL REG. 7-16-54		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette, Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 26

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.....
Ralph A. Carr

Licensed Embalmer No. *334*

P. O. Address *Fayette,*

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.