

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28101**No. 300
10.48

0530

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

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5634</u>		Registrar's No. <u>137</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spring Hollow T. S. 3744</u>			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Spring Hollow T. S.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lebanon Brice Rt.</u>				d. STREET ADDRESS (If rural, give location) <u>Lebanon Brice Rt. 0530</u>			
3. NAME OF DECEASED (Type or First) a. (First) <u>Lea</u> b. (Middle) <u>Albert</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH <u>Aug. 13 1954</u> (Month) (Day) (Year)				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 12 1881</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Newton Ill.</u>	
11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>Henry F. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Ida McNeely</u>	
13c. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Mary Hooper Miller</u>		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. <u>16</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. W. Burns Sleeper Mo.</u>		17. ADDRESS _____		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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2-3 DAYS</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen Arteriosclerosis</u>							
DUE TO (c) <u>Arterio Sclerotic Heart Disease</u>							
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 <u>None</u>		20. AUTOPSY? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		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 <u>7/22, 1954</u> , to <u>8/13, 1954</u> , that I last saw the deceased alive on <u>8/10, 1954</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. P. Baker, M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>8/15/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 16 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-16-1954</u>		REGISTRAR'S SIGNATURE <u>Albella L. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. P. Baker</u>		ADDRESS <u>Lebanon Mo.</u>	

Received **AUG 21 1954**
Laclede County Health Unit
File No. *8-54-132*
Date Filed **AUG 24 1954**

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 *S. P. Palmer* _____

Licensed Embalmer No. *2308* _____

P. O. Address *Channon 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.