

FILED SEP 13 1954

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 3048 State File No. 28407  
 Registrar's No. 216

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3078		Registrar's No. 216	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY OR TOWN Maryville		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN Maryville		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Francis Hospital				e. STREET ADDRESS (If rural, give location) 308 East Third 0142			
3. NAME OF DECEASED (Type or Print) a. (First) MARION			b. (Middle) ADDISON		c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) 9 6 54
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12/18/74	
9. AGE (In years last birthday) 79		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and State or Foreign Country) Graham, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Addison H. Miller		13b. MOTHER'S MAIDEN NAME Cornelia Hazelwood		14. NAME OF HUSBAND OR WIFE dec. Georgia Cunningham Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lottie Matthews, St. Joseph, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anemia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septic Arthritis  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 5 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 720 X					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)		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 April 1, 1954, to Sept. 6, 1954, that I last saw the deceased alive on Sep 6, 1954, and that death occurred at 9:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert C. Dunshee M. D.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED Sep 9, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/8/54		24c. NAME OF CEMETERY OR CREMATORY Betheny		24d. LOCATION (City, town, or county) (State) Graham, Missouri	
DATE REC'D BY LOCAL REG. 9-11-54		REGISTRAR'S SIGNATURE Leo Holt 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1956

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 *Clum M. Pucci*.....

Licensed Embalmer No. *182*

P. O. Address *Mayville*.....

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.