

FILED SEP 8 1954 STANDARD CERTIFICATE OF DEATH

State File No. 29672

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 35

1. PLACE OF DEATH a. CITY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, write RURAL and give township) Grant City,		c. CITY (If outside corporate limits, write RURAL and give township) Grant City,	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Eliza Geneva Miller		4. DATE OF DEATH August 22, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 19, 1872
9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Chucky, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME John Downey	13b. MOTHER'S MAIDEN NAME Rebecca (unknown)	14. NAME OF HUSBAND OR WIFE James W. 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 Mrs. Olive Hughes - Denver, Missouri

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) Acute coronary occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease with cardiocirculation 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 1 hour
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **19 49** to **August 22, 1954**, that I last saw the deceased alive on **August 22, 1954**, and that death occurred at **6a** m., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Mattern MD (Degree or title)	23b. ADDRESS Grant City, Mo	23c. DATE SIGNED 8-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-24-1954	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery
24d. LOCATION (City, town, or county) Worth County, Missouri		(State)

DATE REC'D BY LOCAL REG. Sept. 4, 1954	REGISTRAR'S SIGNATURE E. D. Dunsen	25. FUNERAL DIRECTOR'S SIGNATURE Bill Dunsen - Grant City, Mo.
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(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Bill A. Dumble

Licensed Embalmer No. 4908

P. O. Address Grant City, 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.