

FILED OCT 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32776

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 145	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>			
b. CITY OR TOWN <u>SIKESTON</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>SIKESTON</u>		1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 DOROTHY</u>				d. STREET ADDRESS (If rural, give location) <u>307 DOROTHY</u>			
3. NAME OF DECEASED (Type or Print) <u>WARREN</u>		a. (First) <u>WARREN</u>		b. (Middle) <u>-----</u>		c. (Last) <u>MILLER</u>	
4. DATE OF DEATH <u>OCT 1 1954</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG 16 1877</u>		9. AGE (In years last birthday) <u>77</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>0</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>HENRY CO. TENN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOHN MILLET</u>		13b. MOTHER'S MAIDEN NAME <u>JOSIE STAGNER</u>	
14. NAME OF HUSBAND OR WIFE <u>MITTIE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arden Miller - Sikeston Mo</u>	
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) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>7th of Rt Hip (Cervical) Open reduction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>4 months</u>	
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) (Minute)		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>10/5</u> , 1953, to <u>10/1</u> , 1954, that I last saw the deceased alive on <u>10/1</u> , 1954, and that death occurred at <u>4:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. C. Critchlow</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Sikeston, Mo</u>			
23c. DATE SIGNED <u>Oct 2, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-3-54</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>GARDEN OF MEMORIES</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weld Funeral Home - Sikeston Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-5-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED OCT 11 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1054-208

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sekeston 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.