

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38047

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5770 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Madison Twp</b>		c. LENGTH OF STAY (in this place) <b>life</b>	c. CITY OR TOWN <b>Madison Twp</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <b>0650</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Miller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11-10-1954</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>7-15-1879</b>	9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>J. Ben Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine</b>	14. NAME OF HUSBAND OR WIFE <b>unknown</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Earl Miller</b>	ADDRESS <b>Modena, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		<b>12 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>General arteriosclerosis</b>		<b>7 mo.</b>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from 11-9-, 1954, to 11-10-, 1954, that I last saw the deceased alive on 11-9-54, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Douglas D. Pearce D.C.</b>	(Degree or title) <b>Princeton, Mo.</b>	23b. ADDRESS	23c. DATE SIGNED <b>11-10-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>11-12-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Brummett</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo</b>
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DATE REC'D BY LOCAL REG <b>11-11-54</b>	REGISTRAR'S SIGNATURE <b>Noel Moss</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Noel Moss</b>	ADDRESS <b>Princeton, Mo</b>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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