

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 944

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE California b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Campbell Twp.		c. LENGTH OF STAY (in this place) 2yr4mos15da	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners 453 Duboce Avenue		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN San Francisco	
		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) George	b. (Middle) Washington	c. (Last) Miller	Jan. 8, 1955					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1897	9. AGE (In years last birthday) 57	10. MONTHS 10	11. DAYS 16	12. HOURS 8	13. MINUTES 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Water Front		11. BIRTHPLACE (State or foreign country) California		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Henry Miller	13b. MOTHER'S MAIDEN NAME Delia Sige	14. NAME OF HUSBAND OR WIFE Lilla Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Sept. 1918-Feb. 1919	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FILE: M.C.F.P., Springfield, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation				seconds	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) Myocardial Infarction, Acute		3 Min.	
		DUE TO (c) Arteriosclerotic Heart Disease,		7 years approx.	
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 4200			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 the Medical Staff **Aug. 23, 1952**, to **Jan. 8, 1955**, that I last saw the deceased alive on **Jan. 8, 1955**, and that death occurred at **12:10p m.**, from the causes and on the date stated above.

23a. SIGNATURE E. C. RINCK, M.D., Clinical Director	(Degree or title)	23b. ADDRESS Medical Center for Fed. Prisoners, Springfield, Mo.	23c. DATE SIGNED 1-8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) San Francisco, California

DATE REC'D BY LOCAL REG. 1-10-55	REGISTRAR'S SIGNATURE Edith Williamson	25. FEDERAL DIRECTOR'S SIGNATURE Anna Sawyer	ADDRESS San Francisco, California
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 26 1955

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 Robert E. Mableman

Licensed Embalmer No. 4916

P. O. Address Springfield, 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.