

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43

1900

BIRTH NO.		REG. DIST. NO. 251	PRIMARY REG. DIST. NO. 3048	Registrar's No. 43
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 (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY OR TOWN Maryville
d. FULL NAME OF HOSPITAL OR INSTITUTION 326 North Dunn		f. STREET ADDRESS (If rural, give location) 326 North Dunn		
3. NAME OF DECEASED (Type or Print) a. (First) JESSE		b. (Middle) OTHELLO		c. (Last) MILLER
4. DATE OF DEATH (Month) (Day) (Year) 1 12 55		5. SEX Male 6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/10/76		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-retired		10b. KIND OF BUSINESS OR INDUSTRY Lumber Yard		11. BIRTHPLACE (City and State or Foreign Country) Randolph Co., Ind. /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William T. Miller		
13b. MOTHER'S MAIDEN NAME Martha Viola Haynes		14. NAME OF HUSBAND OR WIFE Grace Lee Mote Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-01-5951		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. O. Miller, Maryville, 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) Cerebrovascular accident. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) 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"/>
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 Jan 6, 1955 , to Jan. 12, 1955 , that I last saw the deceased alive on Jan 11, 1955 , and that death occurred at 8:10^A m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) O. C. Dunbar		23b. ADDRESS M. D. Maryville, Missouri		23c. DATE SIGNED 1-13-55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/15/55		24c. NAME OF CEMETERY OR CREMATORY Oak Hill
24d. LOCATION (City, town, or county) (State) Maryville, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.		
DATE REC'D BY LOCAL REG. 1-15-55		REGISTRAR'S SIGNATURE Beas Holt		

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

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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 *John W. Price* 488
.....

Licensed Embalmer No. *488*

P. O. Address *Maryville*

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.