

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5553 Registrar's No. 57

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

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lanton</u>	c. LENGTH OF STAY (in this place) <u>1 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lanton</u> <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		d. STREET ADDRESS <input checked="" type="checkbox"/> (If rural, give location) <u>2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) <u>E.</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-1955</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12-17-1894</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>25</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Martha</u>	14. NAME OF HUSBAND OR WIFE <u>Marie Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Miller</u> ADDRESS <u>Lanton Mo</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot Wound in Head</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immed.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Suicide</u> DUE TO (c) <u>Placed 22 Caliber in mouth and shot self.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>shot self.</u>		<u>E976 X</u>

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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>same</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lanton Howell Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 10-55 9A. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Joe E. Nunan</u> (Degree or title) <u>Cornet</u>	23b. ADDRESS <u>Corner 2nd &amp; Main View Mo.</u>	23c. DATE SIGNED <u>2-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>2-13-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Road</u>	24d. LOCATION (City, town, or county) (State) <u>Lanton Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-8-1955</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roberts, Nestler</u> ADDRESS <u>Mo</u>
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MAR 4 1959

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

*J. A. Roberts*

Licensed Embalmer No. *3477*

P. O. Address *West Plains*

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.