

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9001**

FILED MAR 29 1955

BIRTH NO. _____ REG. DIST. NO. **257** PRIMARY REG. DIST. NO. **5880** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY OSAGE <i>0750</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE <i>0760</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CRAWFORD TOWNSHIP		c. LENGTH OF STAY (Specify place) LIFE	c. CITY OR TOWN LINN
d. FULL NAME OF HOSPITAL OR INSTITUTION LINN, MISSOURI, R # 2		e. STREET ADDRESS (If rural, give location) LINN, MISSOURI, R # 2	

3. NAME OF DECEASED (Type or Print) a. (First) MARKUS b. (Middle) JOHN c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) MARCH 19, 1955	
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH SEPT. 2, 1868
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	11. BIRTHPLACE (City and State or Foreign Country) OSAGE COUNTY, MISSOURI
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY SELFEMPLOYED	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME DAVID MILLER	13b. MOTHER'S MAIDEN NAME POLLY (UNKNOWN)	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ROBERT E, TYREE, LINN, 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, asthma, 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) <i>Cerebral Hemorrhage</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>General arteriosclerosis</i> DUE TO (c) <i>Uremia</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Prostatic Hypertrophy</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., 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 1-20-1955 to 3-21-1955, that I last saw the deceased alive on 3-5-1955, and that death occurred at 9:15pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Thomas W. Baldwin D.O.</i>	23b. ADDRESS <i>Linn</i>	23c. DATE SIGNED <i>3/21/55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAR. 22, 1955	24c. NAME OF CEMETERY OR CREMATORY POINTER'S CREEK
24d. LOCATION (City, town, or county) (State) OSAGE COUNTY, MISSOURI		

DATE REC'D BY LOCAL REG. <i>3/22/55</i>	REGISTRAR'S SIGNATURE <i>T. Owen</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Clyde Morton Linn Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Vernon Moore

Licensed Embalmer No.....
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P. O. Address.....
Le...

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.