

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11408**

FILED APR 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **35**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY OR TOWN <b>Boonville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>275 Mohawk Dr.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>FRANKLIN</b> c. (Last) <b>MILLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1955</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 7, 1921</b>	9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Days _____ IF UNDER 10 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McGraw Elect. Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Guy M. Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Izora Ritchie</b>		14. NAME OF HUSBAND OR WIFE <b>Ladonna Hamby Miller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>286-18-1752</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs R. F. Miller</b> ADDRESS <b>275 Mohawk Boonville, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>EMBOLISM, PULMONARY, MULTIPLE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>HOUR.</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>NEPHROSIS.</b>		<b>6 MONTHS.</b>	
		DUE TO (c) <b>PELONEPHRITIS.</b>		<b>WEEKS.</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 <b>6000</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **APRIL 13, 1955**, that I last saw the deceased alive on **APRIL 13, 1955**, and that death occurred at **10:00 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Hata, M.D.</b> (Degree or title)		23b. ADDRESS <b>329 Main St. Boonville, Mo.</b>		23c. DATE SIGNED <b>4/14/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>April 15/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>McComb, Ohio</b>	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. <b>4/14/55</b>		REGISTRAR'S SIGNATURE <b>D. Hooper</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>B. W. Shaker</b> ADDRESS <b>Boonville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

100 2 1943

APR 28 1943

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 *Burr W. Shaker* .....

Licensed Embalmer No. *3944*

P. O. Address *Boonville* .....

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.