

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25924

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4218 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Windsor</u>		c. CITY OR TOWN <u>Calhoun</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Windsor Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0 420</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIS</u> b. (Middle) <u>HOLLAND</u> c. (Last) <u>MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>April 2, 1871</u>
9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural mail carrier Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warsaw, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.-A</u>		13a. FATHER'S NAME <u>Francis M. Miller</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Gilly</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Clara Miller</u>		ADDRESS <u>Calhoun Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Aortic Aneurysm</u> INTERVAL BETWEEN ONSET AND DEATH <u>12 min.</u> ANTECEDENT CAUSES <u>Hypertensive Heart Disease</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>H43X</u> INTERVAL BETWEEN ONSET AND DEATH <u>4-5 yrs.</u>	
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 <u>Aug 24, 1955</u> to <u>Aug 28, 1955</u> , that I last saw the deceased alive on <u>Aug. 28, 1955</u> and that death occurred at <u>7:00 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Gaude M. Thurber M.D.</u>		23b. ADDRESS <u>Windsor, Mo.</u>	
23c. DATE SIGNED <u>8-30-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loury City</u>	
24d. LOCATION (City, town, or county) (State) <u>Loury City Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u>	
DATE REC'D BY LOCAL REG. <u>8-30-55</u>		REGISTRAR'S SIGNATURE <u>Stonema Adam</u>	
ADDRESS _____		ADDRESS <u>Windsor, Mo.</u>	

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

OCT 13 1955

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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 *William M. Furness*

Licensed Embalmer No. *464*

P. O. Address *Windsor*

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.