

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**29633**

State File No. ....

**FILED OCT 3- 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 69

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Iron</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Iron</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>	c. LENGTH OF STAY (in this place) <u>DOA</u>	c. CITY OR TOWN <u>Union Township</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>near Minimum</u>	

<b>3. NAME OF DECEASED</b> (Type or Print) <u>JAMES</u>			a. (First)			b. (Middle)			c. (Last) <u>MILLER</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Sept. 18 1955</u>			
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>white</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>never married</u>		<b>8. DATE OF BIRTH</b> <u>Nov. 30 1949</u>			<b>9. AGE</b> (In years last birthday) <u>5</u>		<b>IF UNDER 1 YEAR</b> Months <u>9</u> Days <u>18</u>		<b>IF UNDER 2 HRS.</b> Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>school boy</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b>				<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Annapolis Missouri</u>				<b>12. COUNTRY OF WHAT COUNTRY?</b> <u>USA</u>			

<b>13a. FATHER'S NAME</b> <u>Harel Miller</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ova West</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>##</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			<b>16. SOCIAL SECURITY NO.</b> <u>no</u>			<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Harel Miller, Annapolis Missouri</u>					

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>											<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Electrocuted</u>											
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____											
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.											<u>9140</u> <u>22</u>	

<b>19a. DATE OF OPERATION</b>			<b>19b. MAJOR FINDINGS OF OPERATION</b>									<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>			<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>			<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>Ironton</u> (COUNTY) (STATE)							
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.			<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			<b>21f. HOW DID INJURY OCCUR?</b> <u>Contact With energized T.V. antenna</u>							

**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 2:30P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>[Signature]</u>			(Degree or title) <u>Coroner</u>			<b>23b. ADDRESS</b> <u>Ironton, Mo</u>			<b>23c. DATE SIGNED</b> <u>9/19/55</u>		
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>			<b>24b. DATE</b> <u>9-20-55</u>			<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Liberty Cemetery</u>			<b>24d. LOCATION</b> (City, town, or county) (State) <u>Arcadia Missouri</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>Sept 20 1955</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>		<b>ADDRESS</b> <u>White Funeral Home, Ironton Missouri</u>					
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(Licensed Embalmer's Statement on Reverse Side) [Signature]

No. 300  
10.48  
470  
3  
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

OCT 3 1955

OCT 14 1955

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 *Paul J. White* .....

Licensed Embalmer No. *7012* .....

P. O. Address *Quincy* .....

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.