

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

State File No. **30360**

FILED OCT 3 - 1955

Registrar's No. **259**

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3052		Registrar's No. 259	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0 80 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hosp.				d. STREET ADDRESS (If rural, give location) 1714 W. 11th			
3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) Edmund c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) Sept 29, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 18, 1902		9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book keeping		10b. KIND OF BUSINESS OR INDUSTRY Garage		11. BIRTHPLACE (State or foreign country) Black Jack, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Miller		13b. MOTHER'S MAIDEN NAME Edna Broughton		14. NAME OF HUSBAND OR WIFE Vesta Miller			
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. 490-09-5460		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lester Miller - 1714 W. 11th			
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) Acute Uremia ANTECEDENT CAUSES DUE TO (b) Renal Failure DUE TO (c) Congenital, bilateral polycystic kidneys II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Polycystic disease of liver					INTERVAL BETWEEN ONSET AND DEATH 5 days 53 yrs 53 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7571				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) (Min.)		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 April, 1954 , to 29 Sept, 1955 , that I last saw the deceased alive on 26 Sept 1955 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (In ink or type) Carl Siegel M.D.				23b. ADDRESS 1216 West 18th St Sedalia Mo		23c. DATE SIGNED 29 Sept 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia Mo		
DATE REC'D BY LOCAL REG. 9-30-55		REGISTRAR'S SIGNATURE Lavine Coons		25. FUNERAL DIRECTOR'S SIGNATURE N. Laughlin Bro		ADDRESS Sedalia	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

APR 18 1958

OCT 6 1958

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

James R. Astren

Licensed Embalmer No. *4930*

P. O. Address

Sedalia, Mo

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.