

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32060

State File No. \_\_\_\_\_

FILED SEP 26 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6262 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>Rogersville R#3.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Rogersville R#3.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. DALLAS</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>R.</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 7, 1887</u>		9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Webster, Co., Mo</u>	
13a. FATHER'S NAME <u>J. D. Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Vandell</u>		14. NAME OF MARRIED OR WIFE <u>Anna L.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna L. Miller, Rogersville, Mo</u>		ADDRESS
---	-------------------------------------	---	--	---------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, cerebellar, acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>331X</u>		
	DUE TO (c) <u>arteriosclerosis, generalized, severe</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>1 yr known</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) (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 22 Aug, 1955, to 5 Sept, 1955, that I last saw the deceased alive on 1 Sept, 1955, and that death occurred at 11:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Ryan</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Ozark, Mo</u>	23c. DATE SIGNED <u>9 Sept 1955</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-7-55</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Panther Valley Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rogersville, Rural; Mo</u>
DATE REC'D BY LOCAL REG. <u>9-19-55</u>	REGISTRAR'S SIGNATURE <u>Opal M. Good</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Ferrell</u> ADDRESS <u>Rogersville, Mo.</u>	

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *William K. Ferrell*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4910*

P. O. Address *Seymour, 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.