

FILED OCT 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34010**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4716** Registrar's No. **78**

1. PLACE OF DEATH a. COUNTY <b>McDonald</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before acquisition). a. STATE <b>Mo.</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give townships) <b>Noel (Elk Springs)</b>		c. LENGTH OF STAY (in this place) <b>50yrs</b>	c. CITY OR TOWN <b>Noel</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		f. STREET ADDRESS (If rural, give location) <b>0600 Elk Springs (Rural)</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roy</b> b. (Middle) <b>O.</b> c. (Last) <b>Miller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10-22-55</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>8-12-1885</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Buchanan Co. Ia.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>John W. Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Emma Ozias</b>	14. NAME OF HUSBAND OR WIFE <b>None -</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alta Easter - Noel Mo.</b>	ADDRESS <b>Noel Mo.</b>
--	-------------------------------------	---	-------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		<b>5 Min.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		<b>2 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) m.	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 **Mar. 1950**, 19\_\_\_, to **10-22-55**, 19\_\_\_, that I last saw the deceased alive on **10-22-55**, 19\_\_\_, and that death occurred at **9:30A.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D.D. Fountain M.D.</b>	23b. ADDRESS <b>Noel, Mo.</b>	23c. DATE SIGNED <b>10-24-55</b>
--	-------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-25-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage Mo.</b>
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. <b>10-24-55</b>	REGISTRAR'S SIGNATURE <b>Mayne Humphrey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>B.M. Humphrey</b>	ADDRESS <b>Noel, Mo.</b>
--	---	---	--------------------------

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

1961

1961

JAN 25 1961

VS MAY 24 1961

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 *J. M. Humphrey*

Licensed Embalmer No. 479

P. O. Address Noel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.