

FILED DEC 5 1955 STANDARD CERTIFICATE OF DEATH

State File No. 36463

BIRTH NO. 75140-55 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY OR TOWN Washington.	c. LENGTH OF STAY (in this place) Life.	c. CITY OR TOWN Washington.	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 St. Francis Hospital.		e. STREET ADDRESS (If rural, give location) 124 Fulton St. 0360	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) Paul	c. (Last) Miller.	4. DATE OF DEATH (Month) (Day) (Year) Nov. 29th, 1955.
---	------------------	-------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 29th, 1955.	9. AGE (In years last birthday) 0	10. UNDER 1 YEAR Days 0	11. UNDER 1 MRS. Hours 15
-------------	------------------------	--	-----------------------------------	-----------------------------------	-------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-------------------------------------	--	-------------------------------------

13a. FATHER'S NAME William J. Miller.	13b. MOTHER'S MAIDEN NAME Ruth L. Wehmeyer.	14. NAME OF HUSBAND OR WIFE X
---------------------------------------	---	-------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William J. Miller Washington, Mo.
--	-------------------------------	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 7.5 Gestations		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____ 776X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mother was operated for bowel obstruction			

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) 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 11/29/55, 19, to 11/29/55, 19, that I last saw the deceased alive on 11/29/55, 19, and that death occurred at 11:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) M.D.	23b. ADDRESS Washington Mo	23c. DATE SIGNED 11/30/55
----------------------------	------------------------	----------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 1st, 1955.	24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,	24d. LOCATION (City, town, or county) (State) Washington, Mo.
--	---------------------------	---	---

DATE REC'D BY LOCAL REG. 12/1/55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Krieburg & Vitt, Inc. Washington, Mo.
----------------------------------	-----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

---

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 *Jerome F. Svoboda*

Licensed Embalmer No. *450*

P. O. Address *Washington*

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.