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FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Bed Branch Stwpria 0216</u>	
c. LENGTH OF STAY (In this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi. south of New Cambria</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louis</u>	b. (Middle) <u>Hobart</u>	c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1955</u>
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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>Oct. 7, 1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>1</u>	IF UNDER 24 HRS. Days <u>14</u>	Hours <u>14</u>	Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Chariton County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Tobias Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Meeks Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Chester Wiggins, New Cambria, Mo.</u>
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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) <u>Cerebral Thrombosis &amp; Progression</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (c) <u>332X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Progressive Hypertrophy &amp; Obstruction of aorta with atherosclerosis 10-28-55</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 9, 1955, to 11-21, 1955 that I last saw the deceased alive on 11-21, 1955, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Marceline, Mo</u>	23c. DATE SIGNED <u>11-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Johnson cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chariton County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-23-55</u>	REGISTRAR'S SIGNATURE <u>Mary J. Ridgway</u>	401- 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. G. Hillland New Cambria Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 14 1956

**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.

Signed *H. J. Gilleland*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4019

P. O. Address New Cambria 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.