

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1170

State File No. _____

FILED JAN 30 1956

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY OR TOWN LaDue		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 18 Da.		e. STREET ADDRESS (If rural, give location) Davis Township			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clinton General Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) ISAAC			b. (Middle) WILBERT		c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 8, 1878		9. AGE (In years last birthday) 77		If UNDER 1 YEAR: Months 7 Days 14	If UNDER 24 Hrs. Hours 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway			10b. KIND OF BUSINESS OR INDUSTRY Section Laborer			11. BIRTHPLACE (City and State or Foreign Country) Saline County, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Jullian K. Miller		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Myrtle L. Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 493-12-8469		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Clifford Miller, 3618 Mersington, Kansas City, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis				1 yr	
		ANTECEDENT CAUSES					
		DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____				6-7 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				334X	

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) (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 Jan 4, 1956, to Jan 22, 1956, that I last saw the deceased alive on Jan 22, 1956, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. James O. Smith md.		23b. ADDRESS 106 S. Third Clinton, Mo.		23c. DATE SIGNED 1/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 25, 1956		24c. NAME OF CEMETERY OR CREMATORY Bear Creek Cemetery	
				24d. LOCATION (City, town, or county) (State) Montrose, Mo. Rural	

DATE RECD BY LOCAL REG. 1-25-56		REGISTRAR'S SIGNATURE Mildred Bigum		521		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Vassant		ADDRESS Clinton, Mo.	
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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 *W. A. Vaisant*

Licensed Embalmer No. *377*

P. O. Address *Clinton*

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.