

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY: Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Pine		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			e. STREET ADDRESS (If rural, give location) 21 Mi. West of Doniphan, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ROSS c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9, 1861	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith trade	11. BIRTHPLACE (City and State or Foreign Country) Elizabethtown, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joe Miller		13b. MOTHER'S MAIDEN NAME Frances Shawler		14. NAME OF HUSBAND OR WIFE Nellie Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wesley Miller, Pine, Missouri 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure DUE TO (c) Coronary Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201					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)	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 <u>1-19-</u> , 19 <u>56</u> , to <u>2-4-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-2-</u> , 19 <u>56</u> , and that death occurred at <u>12:45</u> p.m., from the causes and on the date stated above.						
23a. SIGNATURE Wesley Miller, M.D. (Degree or title)			23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 2/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 5, 1956	24c. NAME OF CEMETERY OR CREMATORY Pine Cemetery		24d. LOCATION (City, town, or county) (State) Ripley County, Missouri		
DATE REC'D BY LOCAL REG. 2/11/56	REGISTRAR'S SIGNATURE W. H. Munkie 489-064		25. FUNERAL DIRECTOR'S SIGNATURE Mearns Funeral Home, Doniphan, Missouri ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

10. 300
0. 48

RECEIVED

FEB 20 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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.. *THIS BODY WAS NOT EMBALMED.*

Student _____
Signature of Student Embalmer

Signed *Ray Mearns* _____

Licensed Embalmer No. *374*

P. O. Address *Doniphan*

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.