

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5610

State File No.

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5750 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY OR TOWN <u>RURAL - ST. FRANCIS</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>	
c. LENGTH OF STAY (in this place) <u>44 YRS.</u>		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 <u>1/2 M. S.W. of FREDERICKTOWN</u>		e. STREET ADDRESS (If rural, give location) <u>7 1/2 MI. S.W. of FREDERICKTOWN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 17, 1956</u>		
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>SEPT. 11, 1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR: Months <u>5</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MADISON COUNTY, MO.</u>	
13a. FATHER'S NAME <u>JOHN MILLER</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA MILLS</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. DOUIE MILLER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLOYD MILLER - FREDERICKTOWN, MO.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Cerebral Thrombosis.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>years</u> <u>years</u>
		ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Arteriosclerosis.</u>			
		DUE TO (c) <u>Generalized Arteriosclerosis.</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)	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 Feb. 13, 1956 to Feb. 16, 1956, that I last saw the deceased alive on Feb. 16, 1956, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles E. Michaels M.D.</u>	23b. ADDRESS <u>135 S. Mine La Motte, Fredericktown Missouri</u>	23c. DATE SIGNED <u>Feb. 19, 1956</u>
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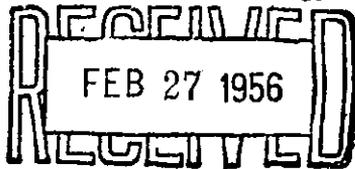
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 19, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 20-1956</u>	REGISTRAR'S SIGNATURE <u>Therence Hick...</u>	187	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. Adamson - FREDERICKTOWN, MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 256-8

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 Raymond Wilson _____

Licensed Embalmer No. 488 _____

P. O. Address Fredericktown _____

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.