

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7844

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6224 Registrar's No. 46

1. PLACE OF DEATH. a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY OR TOWN <u>Rural Center sp.</u>		c. CITY OR TOWN <u>Southwest City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>Blk 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR G. I. <u>Highway No 71 enroute to Hospital Kansas City, Kan</u> INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>Clell</u> c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N.M.</u>	8. DATE OF BIRTH <u>April 22, 1929</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>	IF UNDER 4 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>G.I. Farm Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Southwest City Mo. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Clell Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Stella Mae McQuillan</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes Korean Cf 490-32 9675</u>	16. SOCIAL SECURITY NO. <u>490-32 9675</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clell Miller</u>	ADDRESS <u>Southwest City 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head Injuries "severe"</u>		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) <u>received in Automobile (1-car)</u> DUE TO (c) <u>accident, died in Ambulance enroute to University of Kan. Grad. Center, accident near Anderson, Mo.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>near Nevada, no inquest.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Died in Vernon Co. Missouri near Nevada, no inquest.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u> SUICIDE _____ HOMICIDE _____	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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:55 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter D. Thurman</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>3-4-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-4-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Southwest City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Southwest City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-10-1956</u>	REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Humphrey Noel</u>	ADDRESS <u>Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 38
 10.
 High Way 44 - 4 mi West of Anderson, Mo., intersection
 male Walter D. Thurman Reg. Coroner
 WRITE CAREFULLY - USING UNFADING BLACK INK - TAKE A PERMANENT RECORD
 Accident happened Mar. 4, 1956 at 1:00 A.M. Drove enroute to Hosp. 6:55 A.M.

MAR 29 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..

Student.....
Signature of Student Embalmer

Signed *R. M. Humphrey Jr.*

Licensed Embalmer No. *4708*

P. O. Address *Truel, Md.*

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.