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FILED MAR 19 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10246

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 192

**1. PLACE OF DEATH**
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Salt Spring
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R7D #1 Clifton Hill, Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN:
d. If Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R7D #1 Clifton Hill, Mo

**3. NAME OF DECEASED** (Type or Print)
a. (First): PAUL
b. (Middle): DRENNAN
c. (Last): MILLER

**4. DATE OF DEATH** (Month) (Day) (Year): March 13, 1956

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1, 1892
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: Postal Dept.
11. BIRTHPLACE (City and State or Foreign Country): Plevna, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Charles W. Miller
13b. MOTHER'S MAIDEN NAME: Margaret Drennan
14. NAME OF HUSBAND OR WIFE: Vera Miller R7D #1 Clifton Hill Mo

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Vera Miller - R7D #1 Clifton Hill, Mo — 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterio sclerosis — DK.
DUE TO (c):

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: None 4221
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1954, *to* March 12, 1956, *that I last saw the deceased alive on* March 12, 1956, *and that death occurred at* 3:25 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. V. Dreyer MD
23b. ADDRESS: Huntsville, Mo.
23c. DATE SIGNED: 3/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/56
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Prairie Cemetery
24d. LOCATION (City, town, or county) (State): Shelby County Mo

DATE REC'D BY LOCAL REG.: 3-13-56
REGISTRAR'S SIGNATURE: Mary H. Bentley
25. FUNERAL DIRECTOR'S SIGNATURE: B. W. Thacker — ADDRESS: Boonville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Berry W. Thache

Licensed Embalmer No. 3

P. O. Address Baonvi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.