

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12424**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **507**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Jamesport	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) 2 days		e. STREET ADDRESS (If rural, give location) 0310	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital (Osteo)			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) A. c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) May 4, 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH January 4, 1875		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 HR. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	
11. BIRTHPLACE (City and State or Foreign Country) Daviess County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Mack Miller		13b. MOTHER'S MAIDEN NAME Carolyn Foster		14. NAME OF HUSBAND OR WIFE Mabel E. Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert Miller, Jamesport, Mo.	

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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocardial Degeneration ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Indefinite	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221		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) (m.)		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 **5-2**, 19**56**, to **5-4**, 19**56**, that I last saw the deceased alive on **5-4-56**, and that death occurred at **8:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. Ferguson D.O.		23b. ADDRESS St. Joseph, Mo. 80 1/2 Francis St.		23c. DATE SIGNED 5-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5/4/1956		24c. NAME OF CEMETERY OR CREMATORY Jamesport, Missouri	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. May 9, 1956		REGISTRAR'S SIGNATURE Bethel M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heston - Bournon St Joseph Mo.	
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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..... Eugene Wood

Licensed Embalmer No. 38

P. O. Address 317 So 10th St

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.