No. 300
10-48

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12737

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 132

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION: Charles E. Still Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10 Miles South of Jefferson City R 4
d. STREET ADDRESS (If rural, give location): Rural 10 Miles S. Jefferson City R.4.

3. NAME OF DECEASED (Type or Print)
a. (First): August
b. (Middle): Jacob
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 11, 1896
9. AGE (In years last birthday): 60
If under 1 year: Months 2, Days 7; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (City and State or Foreign Country): Osage Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Henry J. Miller
13b. MOTHER'S MAIDEN NAME: Barbara Stetzen
14. NAME OF HUSBAND OR WIFE: Charlotte Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): W.W.I
(If yes, give war or dates of service): Pvt.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ~~SIGNATURE OR~~ NAME: Charlotte Miller
ADDRESS: Rt.4 Jefferson City, 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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute congestive failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — ?
DUE TO (c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral thrombosis — 8 Mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 332X
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* 11 April *, 19*56*, to* 18 April *, 19*56*, that I last saw the deceased alive on* 18 April *, 19*56*, and that death occurred at* 7:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: James A. Miller
(Degree or title): DO
23b. ADDRESS: Jefferson City
23c. DATE SIGNED: 18 April

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 20.1956
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

DATE REC'D BY LOCAL REG.: 24 April 1956
REGISTRAR'S SIGNATURE: R. P. Dorris MD MR
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buescher
ADDRESS: JC Mo

(Licensed Embalmer's Statement on Reverse Side)

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

2

NOV 12 1957

JUN 8 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 _____
Student Embalmer

Signed Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo

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 this body is not embalmed, fact should be so stated above.