

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15641

State File No.

573

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No.					
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph)		c. LENGTH OF STAY (In this place) 45 years		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2201 S. 9th St.				e. STREET ADDRESS (If rural, give location) 2201 So. 9th St.				0110			
3. NAME OF DECEASED (Type or Print)			a. (First) LEROY		b. (Middle) JACKSON		c. (Last) MILLER				
4. DATE OF DEATH		(Month) (Day) (Year)		May 11, 1956							
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 8, 1888					
9. AGE (In years last birthday) 68		if UNDER 1 YEAR Months		if UNDER 24 HRS. Days		if UNDER 24 HRS. Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. proprietor			10b. KIND OF BUSINESS OR INDUSTRY Restaurant			11. BIRTHPLACE (City and State or Foreign Country) Andrew County, Missouri					
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Meek Miller		13b. MOTHER'S MAIDEN NAME Harriet unknown		14. NAME OF HUSBAND OR WIFE Edna Mildred 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. unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edna Miller, 2201 S. 9th, St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE 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 18 HOURS UNKNOWN			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200						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 JAN. 12, 1954 , to MAY 11, 1956 , that I last saw the deceased alive on MAY 11, 1956 , and that death occurred at 3:27 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE [Signature]				(Degree or title)		23b. ADDRESS 1302 PARK ST., ST. JOSEPH, MO.		23c. DATE SIGNED 5-24-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/14/1956		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.					
DATE REC'D BY LOCAL REG. May 29, 1956		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS St. Joseph, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *William Spalding*

Licensed Embalmer No. *450*

P. O. Address *3950*

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.