

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1956

State File No. 17299

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) Rolla		c. CITY OR TOWN Rolla	
c. LENGTH OF STAY (In this place) Life		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rolla Rt. 3,		STREET ADDRESS (If rural, give location) Rolla Rt. 3,	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ROY c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) May 28, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5, 1901	9. AGE (In years last birthday) 54	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) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Transfer Co.	11. BIRTHPLACE (City and State or Foreign Country) Hooker, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. T. Miller	13b. MOTHER'S MAIDEN NAME Estella Lighter	14. NAME OF HUSBAND OR WIFE Oneta Miller (wife)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 498-01-5535	17. INFORMANT'S SIGNATURE OR NAME Alice Cook ADDRESS Smithville, M o.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH one year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 Oct. 1955	19b. MAJOR FINDINGS OF OPERATION Malignant Carcinoma Stomach 151X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NA.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NA.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NA.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NA.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NA.
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22. I hereby certify that I attended the deceased from **March 1, 1956**, to **May 29, 1956**, that I last saw the deceased alive on **May 29, 1956**, and that death occurred at **1:40pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James D. Berts M.D.	23b. ADDRESS Null Building Rolla, Mo	23c. DATE SIGNED May 29, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-31-1956	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery
24d. LOCATION (City, town, or county) (State) Rolla, Mo.		

DATE REC'D BY LOCAL REG. May 31, 1956	REGISTRAR'S SIGNATURE Nadene L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Carly Glen ADDRESS 1100 Elm, Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 434

Date Filed JUN 6 1956

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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 Me, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Carl J. Glenn*
Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

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