

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

20333

State File No.

FILED JUN 20 1956

BIRTH NO.		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>4220</u>		Registrar's No. <u>59</u>		
1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>				
b. CITY OR TOWN <u>Wheatland</u>		c. LENGTH OF STAY (in this place) <u>11 years</u>		c. CITY OR TOWN <u>Wheatland</u>		d. Residence within limits of a city or incorporated town! Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Central Wheatland</u>				e. STREET ADDRESS (If rural, give location) <u>Central Wheatland 0420</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6-1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 7-1880</u>		
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>29</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Avery, Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Wm Mathew Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Decker</u>			14. NAME OF HUSBAND OR WIFE <u>Arvilla Ann Miller</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arvilla Miller</u> ADDRESS <u>Wheatland</u>				
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) <u>Carcinoma Colon</u> ANTECEDENT CAUSES 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 <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		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 <u>Dec 1954</u> to <u>June 6, 1956</u> , that I last saw the deceased alive on <u>June 1, 1956</u> and that death occurred at <u>3:35 PM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. C. McLesney M.D.</u>				23b. ADDRESS <u>Balvan, Md</u>		23c. DATE SIGNED <u>6-12-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-7-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McLodonia Cmt.</u>		24d. LOCATION (City, town, or county) (State) <u>Wheatland, Md</u>		
DATE REC'D BY LOCAL REG. <u>6-16-1956</u>		REGISTRAR'S SIGNATURE <u>May Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie H. Hays</u> ADDRESS <u>Wheatland, Md</u>				

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 *Chas. Gilbert Hattaway*

Licensed Embalmer No. *4267*

P. O. Address *W. Hattaway*

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.