

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

23096

State File No. _____

FILED AUG 14 1956

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Chariton Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brunswick		c. CITY OR TOWN Brunswick	d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 years			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		e. STREET ADDRESS (If rural, give location) 0210	

3. NAME OF DECEASED (Type or Print)	a. (First) OLIVER	b. (Middle)	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) 8-4-1956
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5. SEX Male <input type="checkbox"/> <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-8-1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Day work	11. BIRTHPLACE (City and State or Foreign Country) DeWitt Co. Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Miller	13b. MOTHER'S MAIDEN NAME Anna Neisinger	14. NAME OF HUSBAND OR WIFE Mrs. Oliver Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give w/age dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Oliver Miller	ADDRESS Brunswick Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____		8 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema			10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/22, 1956, to 8/4, 1956, that I last saw the deceased alive on 8/4, 1956, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Stearns M.D.	23b. ADDRESS Brunswick	23c. DATE SIGNED 8/7/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-7-1956	24c. NAME OF CEMETERY OR CREMATORY Elliott Grove	24d. LOCATION (City, town, or county) (State) Brunswick, Missouri.
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DATE REC'D BY LOCAL REG. 8-7-56	REGISTRAR'S SIGNATURE Mildred Basse	25. FUNERAL DIRECTOR'S SIGNATURE L. Moersel	ADDRESS Brunswick
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(Licensed Embalmer's Statement on Reverse Side)

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

560

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 *L. M. [Signature]*

Licensed Embalmer No. *820*

P. O. Address *Brunswick*

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.