

FILED AUG 31 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26190

State File No. \_\_\_\_\_  
Registrar's No. 434

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4057

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Julin</u>		c. LENGTH OF STAY (In this place) <u>16 years</u>	c. CITY OR TOWN <u>Julin</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>ED</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edd</u> b. (Middle) <u>COPE</u> c. (Last) <u>MILLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-18-1956</u>
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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>2/20/1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>General Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Julin Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Oscar Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Millit</u>	14. NAME OF HUSBAND OR WIFE <u>Amie Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Miller</u> ADDRESS <u>Flora Ill</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerotic heart disease</u> DUE TO (c) <u>General arteriosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>4200</u>
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?

22. I hereby certify that I attended the deceased from 7-21, 1956 to 8-5, 1956, that I last saw the deceased alive on 8-5, 1956, and that death occurred at 11:5 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Hardin Olden Jackson MD</u> (Degree or title)	23b. ADDRESS <u>Poplar Bluff Mo</u>	23c. DATE SIGNED <u>8-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8/20/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Julin</u>	24d. LOCATION (City, town, or county) (State) <u>Julin Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/20/56</u>	REGISTRAR'S SIGNATURE <u>J. D. Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Edwards</u> ADDRESS <u>Jonesboro Ark</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

489-0

AUG 27 1956  
RECEIVED

AUG 27 1956  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

JUN 23 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.....  
Signature of Student Embalmer

Signed..... *Mr. T. Cameron*

Licensed Embalmer No. *952*

P. O. Address *South*

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.