

FILED NOV 26 1956

STANDARD CERTIFICATE OF DEATH

State File No. **38729**

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 4313		Registrar's No. 221	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmer		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Elmer		d. Is 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 (If not in hospital or institution, give street address or location)				e. STREET ADDRESS (If rural, give location) 06100			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) H.		c. (Last) Miller	
4. DATE OF DEATH		November		12		1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 24 1876	
9. AGE (in years last birthday) 80		IF UNDER 1 YEAR Months 1 Days 19		IF UNDER 24 HRS. Hours Mins. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer and Labor				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Henry Miller		13b. MOTHER'S MAIDEN NAME Rhoda Craig		14. NAME OF HUSBAND OR WIFE Jennie E. Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-52-1380		17. INFORMANT'S SIGNATURE OR NAME Jennie E. Miller ADDRESS Elmer Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. 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 Sclerosis DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
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) (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 Jan 1, 1946 , to Nov 12, 1956 , that I last saw the deceased alive on Nov 12, 1956 , and that death occurred at 9:30 P m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or Title) Harold A. Phelps M.D.				23b. ADDRESS Plata Mo		23c. DATE SIGNED 11-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 14 1956		24c. NAME OF CEMETERY OR CREMATORY Elmer		24d. LOCATION (City, town, or county) (State) Elmer Macon County Mo	
DATE REC'D BY LOCAL REG. 11-13/56		REGISTRAR'S SIGNATURE Paul M. Neely		FUNERAL DIRECTOR'S SIGNATURE W.H. M. S. Callahan		ADDRESS South Gifford Mo	

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

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Date Filed 11.24.56

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. 00000 working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Clyde M. Collins

Licensed Embalmer No. 3226 P. O. Address South Gifford

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.