FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 5612

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Portageville, Mo. Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 100 E 5th St. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Portageville, Mo. 0521 0 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 100 E 5th St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ozroe Middle Leon Last Miller
4. DATE OF DEATH Month January Day 28 Year 1957
5. SEX Male
6. COLOR OR RACE White 0
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH March 8, 1881
9. AGE (In years last birthday) 75 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) Insurance Broker
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (City and state or country) Millersville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME E. S. Miller
14. MOTHER'S MAIDEN NAME Mary Snider
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.
17. INFORMANT Mrs. Ol L. Miller Address Portageville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis
DUE TO (c) Congestive Heart Failure H201
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bronchial Asthma c̄ Pulmonary Emphysema.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to Jan 57 and last saw her/him alive on 28 Jan 57
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. H. Painter for M. D.
22b. ADDRESS Portageville, Mo
22c. DATE SIGNED 2-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 30, 1957
23c. NAME OF CEMETERY OR CREMATORY Portageville, Cemetery
23d. LOCATION (City, town, or county) (State) Portageville, Mo.

24. FUNERAL DIRECTOR ADDRESS DeLisle Funeral Parlor Portageville, Mo.
25. DATE RECD. BY LOCAL REG. 2-2-57
26. REGISTRAR'S SIGNATURE Ellen DeLisle Miller

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FEB 19 1957

DATE RECEIVED FEB 5 1957
NEW MADRID CO. HEALTH CENTER
P. J. S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Joseph A. DeLisle

Licensed Embalmer No. 44

P. O. Address Portageville

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