

FILED MAR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7202

STATE FILE NUMBER

Registration District No. 3251 Primary Registration District No. 4486 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Schuyler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Schuyler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Greentop TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greentop <u>0980</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION Greentop N. H.		Length of stay in 1b <u>Mr.</u>		d. STREET ADDRESS (If outside, give location) Greentop Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Zadok ^{First} Charles ^{Middle} Miller ^{Last}			4. DATE OF DEATH Month March Day 5 Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 20, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Post Office		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
11. BIRTHPLACE (City and state or country) near Sturgeon, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. None		17. INFORMANT Charles L. Miller, Browning, Mo. Address _____	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) Diabetes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>260X</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Dec. 1, '36</u> to <u>Mar. 5, '37</u> and last saw <u>him</u> alive on <u>Mar. 5, '37</u> Death occurred at <u>1:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Frank Gust</i>		(Degree or title) <u>DD</u>		22b. ADDRESS Greentop, Mo.	
22c. DATE SIGNED <u>3-6-57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <u>3/7/57</u>		23c. NAME OF CEMETERY OR CREMATORY Greentop Cemetery	
23d. LOCATION (City, town, or county) Greentop, Mo.		(State) _____			
24. FUNERAL DIRECTOR <i>Paul M. Wiley</i>		ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. <u>Mar. 7-1957</u>	
26. REGISTRAR'S SIGNATURE <i>Wm. P. Braker</i>					

(Licensed Embalmer's Statement on Reverse Side)

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms with reference to. No symptoms with reference to. Doctor, coroner, etc. must use only standard nomenclature in their reports. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

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 Richard R. Ellis, Student Embalmer No. 54 working under my personal supervision..

Student Richard R. Ellis
Signature of Student Embalmer

Signed George W. Davall

Licensed Embalmer No. 47

P. O. Address Keokuk

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.