

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 - 1957

State File No. 7704

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

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 351	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 4 DAYS		c. CITY OR TOWN AMAZONIA, MO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				e. STREET ADDRESS (If rural, give location) R.F.D. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) Allen		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) March 29-1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH (In years last birthday) Oct 4-1894 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Trucker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Andrew Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Miller		13b. MOTHER'S MAIDEN NAME Matilda Stuckey		14. NAME OF HUSBAND OR WIFE Ida Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) not given		16. SOCIAL SECURITY NO. 489-360482		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Miller R.F.D. 1, Amazonia Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) perforated duodenal ulcer (also mild bleeding from ulcer) DUE TO (c) Chronic cholecystitis and cholelithiasis				INTERVAL BETWEEN ONSET AND DEATH 6 days 6 days at least 5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION (confirmed by autopsy) none (48 hrs. duration when first seen)				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5411			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Patent was also seen by me on one occasion on 2-17-52 and thought to be having an attack of acute cholecystitis			
22. I hereby certify that I attended the deceased from 3-25 , 1957, to 3-29 , 1957, that I last saw the deceased alive on 3-29 , 1957, and that death occurred at 4:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thompson P. Potter M.D.				23b. ADDRESS 731 Faxon St. St. Joseph, Mo.		23c. DATE SIGNED 3-30-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-29-57		24c. NAME OF CEMETERY OR REPOSITORY SAVANNAH		24d. LOCATION (City, town, or county) (State) SAVANNAH MO	
DATE REC'D BY LOCAL REG. April 3, 1957		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home SAVANNAH MO			

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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 *E. C. Breit*.....

Licensed Embalmer No. *2652*

P. O. Address *Sacramento*

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.