

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8446**
Registrar's No. **441**

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. CITY OR TOWN Garden City	
c. LENGTH OF STAY (in this township) 1 Week		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 Loftin Nursing Home 4			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Jay c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 4 8 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 1, 1879		9. AGE (In years last birthday) 77		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 1 HOUR Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Gunn City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY retired			

13a. FATHER'S NAME Thomas E. Miller		13b. MOTHER'S MAIDEN NAME Emma Jewett		14. NAME OF HUSBAND OR WIFE Lillie B. Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 196-01-1897		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lillie B. Miller	
(If yes, give war or dates of service)				ADDRESS Garden City, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 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 **April 2, 1957** to **April 8, 1957**, that I last saw the deceased alive on **April 7, 1957**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. Sunderwirth D.O.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 4-10-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-10-1957		24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery	
24d. LOCATION (City, town, or county) (State) Garden City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...		ADDRESS ... Garden City, Mo.	
DATE REC'D BY LOCAL REG. 4-11-57		REGISTRAR'S SIGNATURE Mildred Bigum			

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

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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 *Rory J. Hines*

Licensed Embalmer No. *4695*

P. O. Address *London, Cal.*

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.