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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 5 1957

18257
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL - Wilson Twp		c. CITY OR TOWN RURAL - Wilson Twp	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Unionville		d. STREET ADDRESS (If outside, give location) 8888	
Length of stay in 1b L.P.C.		Reside on Farm Yes No	

3. NAME OF DECEASED (Type or print) First Middle Last JAMES ALBERT MILLER			4. DATE OF DEATH Month Day Year MAY 14 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 FEB 28 1977	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Month Day Hours Min. 2 13 - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Putnam Co Mo	
13. FATHER'S NAME JAMES ANDREW MILLER			14. MOTHER'S MAIDEN NAME Polly Ann Powell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Name Miller - Unionville 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) Cardiac, myocardial disease DUE TO (b) Chronic - Cardio-vascular Disease DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 3
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.)		
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 Feb 10 1957 to May 14 1957 and last saw him alive on May 14 57 Death occurred at 3:13 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H. W. Gilman D.D.			22b. ADDRESS Unionville, MO		22c. DATE SIGNED 3/17/57

23a. BURIAL, CREATION, REMOVAL (Specify) 0		23b. DATE May 16 - 57		23c. NAME OF CEMETERY OR CREMATORY Unionville MO		23d. LOCATION (City, town, or county) (State) Unionville MO	
24. FUNERAL DIRECTOR 20 - Unionville MO 6-1-57			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE Maxwell Durbin		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Paul E. Hester*

Licensed Embalmer No. *23*

P. O. Address *Memphis*

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.