

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33033

STATE FILE NUMBER

FILED OCT 9 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 229

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOBERLY		c. CITY OR TOWN MOBERLY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND HOSP.		d. STREET ADDRESS (If outside, give location) 509 1/2 W. REED ST.	
Length of stay in 1b 60 YRS.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES ANDREW MILLER			4. DATE OF DEATH Month Day Year SEPT. 27, 1957				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-21-1878	9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHOTOGRAPHER		10b. KIND OF BUSINESS OR INDUSTRY OWNED MILLER STUDIO		11. BIRTHPLACE (City and state or country) RICHMOND, VA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JAMES C. MILLER			14. MOTHER'S MAIDEN NAME MOLLIE CRIST				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT MRS. C.A. MILLER		Address MOBERLY	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) An acute Coronary Infarction		INTERVAL BETWEEN ONSET AND DEATH One day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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.) 4201	
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 Sept 25th to Sept 27th and last saw her/him alive on 6 PM Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>John A. Henry MD</i>	22b. ADDRESS MOBERLY Missouri	22c. DATE SIGNED 9/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-30-1957	23c. NAME OF CEMETERY OR CREMATORY OAKLAND	23d. LOCATION (City, town, or county) (State) MOBERLY, Mo.
24. FUNERAL DIRECTOR ADDRESS MAHAN FUNIL SERVICE - MOBERLY	25. DATE RECD. BY LOCAL REG. 9/30/57	26. REGISTRAR'S SIGNATURE <i>Richard Lawrence</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 9 1951

FEB 18 1958

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 *John A. Green*

Licensed Embalmer No. 381

P. O. Address *Properly*

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.