

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **28522**
Registrar's No. **149**

FILED AUG 15 1952

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 4247		Registrar's No. 149	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Jasper		c. LENGTH OF STAY (in this place) 45 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Jasper		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Office of Dr. W. H. Knott				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Benjamin Franklin Miller		a. (First) Benjamin b. (Middle) Franklin c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) July 29, 1952			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 9, 1891	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and State or Foreign Country) Stotts City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Levi H. Miller		13b. MOTHER'S MAIDEN NAME Nancy C. Adkinson		14. NAME OF HUSBAND OR WIFE Winnie J. Hill			
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'S SIGNATURE OR NAME ADDRESS Mrs. Winnie J. Miller, Jasper, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES 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.				INTERVAL BETWEEN ONSET AND DEATH 2 or 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? 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 at death , 19____, to _____, 19____, that I last saw the deceased alive on 7-29 , 19 52 , and that death occurred at 7-15a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. H. Knott M.D.				23b. ADDRESS Jasper, Mo.		23c. DATE SIGNED 8-1-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 31, 1952		24c. NAME OF CEMETERY OR CREMATORY Paradise		24d. LOCATION (City, town, or county) (State) Jasper County, Mo.	
DATE REC'D BY LOCAL REG. 8-5-52		REGISTRAR'S SIGNATURE L. B. Clinton, M.D.		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Marion Sharp and Selyey, Jasper, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

490
3

RECEIVED 8/14/52
Jasper County Health Office

County File Number 52/2/636

Date Filed 8/14/52

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

Lawson L. Sharp

Student Embalmer No. 348

working under my personal supervision.

Student *Lawson L. Sharp*
Student Embalmer

Signed *George W. Newcomb*

Licensed Embalmer No. 4671

P. O. Address *Jackwood, Mo*

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 this body is not embalmed, fact should be so stated above.