

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4246A

FILED AUG 30 1951

S. No. 300
10.48

AUG 29 1951
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Garin</u>		c. LENGTH OF STAY (in this place) <u>72 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Garin</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>					
3. NAME OF DECEASED a. (First) <u>Noah</u>			b. (Middle) <u>P. W.</u>		c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 21-1946</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>February 24-1873</u>		9. AGE (In years last birthday) <u>72</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phillip Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Amanda Schaefer</u>			14. NAME OF HUSBAND OR WIFE <u>Ella F. B. Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella F. B. Miller</u>			ADDRESS <u>same town no</u>		
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				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Politis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>									
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION* <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>January, 1943</u> , to <u>January 11, 1946</u> , that I last saw the deceased alive on <u>January 11, 1946</u> , and that death occurred at <u>12 noon m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>F. M. Johnson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Garin Missouri</u>			23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>January 23-1946</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garin Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garin-Scotland County Missouri</u>			
DATE REC'D BY LOCAL REG. <u>AUG 30 1951</u>		REGISTRAR'S SIGNATURE <u>Edgar H. Bridges</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gerth & Brackett</u>			ADDRESS <u>Wyersanda Missouri</u>	

APR 30 1961

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 _____
Student Embalmer

Signed Geo V Baskett

Licensed Embalmer No. 1817

P. O. Address Wyaconda, 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.