No. 300
10-48

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3874

BIRTH NO. _____ REG. DIST. NO. 368 PRIMARY REG. DIST. NO. 6248 Registrar's No. one

1. PLACE OF DEATH
a. COUNTY: Washington.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Richwoods.
c. LENGTH OF STAY (In this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blackwell - Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Washington.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Richwoods.
d. STREET ADDRESS (If rural, give location): Blackwell - Route 1.

3. NAME OF DECEASED (Type or Print)
a. (First) Peter
b. (Middle) Adam
c. (Last) Miller.

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1949

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 17th 1868
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self.
11. BIRTHPLACE (State or foreign country): Terre Haute, Ind.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob Miller.
13b. MOTHER'S MAIDEN NAME: Unknown.
14. NAME OF HUSBAND OR WIFE: Julia Cook.

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Chas. Miller, Blackwell-Rt. 1.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchio-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility - Chr. Myocarditis — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

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): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 31 Dec, 1948 *to* 10 Jan, 1949, *that I last saw the deceased alive on* 9 Jan, 1949, *and that death occurred at* 12.20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Noel V. McInnisty M.D.
23b. ADDRESS: DeSoto Mo.
23c. DATE SIGNED: 11 Jan 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 13th 49
24c. NAME OF CEMETERY OR CREMATORY: Richwoods Hgha C.
24d. LOCATION (City, town, or county) (State): Mo

DATE REC'D BY LOCAL REG.: Jan 13 49
REGISTRAR'S SIGNATURE: [signature] 339
25. FUNERAL DIRECTOR'S SIGNATURE: J. Lee Mothershead
ADDRESS: DeSoto Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 4
District File Number 149-110.
Date Filed 1-18-49

JAN 25 1949

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 Andrew H. England, Student Embalmer No. 232, working under my personal supervision.

Student .....
Student Embalmer

Signed J. Lee Mollenkopf
Licensed Embalmer No. 3531
P. O. Address De Soto 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.