

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1949

47  
0  
0  
1

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

BIRTH NO. _____		REG. DIST. NO. <b>145</b>		PRIMARY REG. DIST. NO. <b>5366</b>		Registrar's No. <b>3</b>	
1. PLACE OF DEATH a. COUNTY <b>Iron</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. FRANCIS</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Iron</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>BISMARCK</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mi. N.W. of Iron Mountain</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JIMMIE</b>			b. (Middle) <b>DALE</b>			c. (Last) <b>MILLER</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>April 8 1949</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	
8. DATE OF BIRTH <b>Oct 31 1932</b>		9. AGE (In years last birthday) <b>16 yr</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SCHOOL BOY</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>CENTERVILLE Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>RALPH MILLER</b>		13b. MOTHER'S MAIDEN NAME <b>BERTIE JONES</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>RALPH MILLER</b>	
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) <b>Accidental Drowning</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN SIGNATURE AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Boat capsized in lake.</b>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE HOMICIDE Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>6050</b>		21d. HOW DID INJURY OCCUR? <b>6042</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 8 1949 4Am</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:00</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Dr. Lowell E. Cronan</b>		(Degree or title)		23b. ADDRESS <b>Newton Mo.</b>		23c. DATE SIGNED <b>4-9-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APRIL 10 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rayfield</b>		24d. LOCATION (City, town, or county) (State) <b>LESTERVILLE MO</b>	
DATE REC'D BY LOCAL REG. <b>April 12 1949</b>		REGISTRAR'S SIGNATURE <b>Mrs. Elizabeth Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>NORMAN WHITE &amp; SONS</b>		ADDRESS <b>Fonten</b>	

RECEIVED

Health Officer No. 4

Member 449-52

4-18-4

APR 21 1949

APR 22 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Paul J. White*

Licensed Embalmer No. 3017

P. O. Address *Scranton Pa.*

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.