

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27682**

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

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4428</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Pulaski</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Pulaski</u>		b. COUNTY <u>Pulaski</u>	
b. CITY OR TOWN <u>Richland</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Richland</u>		c. CITY OR TOWN <u>Richland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 10 miles N/E</u>				d. STREET ADDRESS (If rural, give location) <u>8 miles N/E of Richland</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Charles</u>	b. (Middle) <u>Menno</u>	c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-4-1949</u>	5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 4, 1873</u>
(Type or Print)							
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lagrange County Indiana U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Daniel Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Young</u>	14. NAME OF HUSBAND OR WIFE <u>ella Miller</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>rose E Grant</u>	17. ADDRESS <u>Richland</u>
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	DUE TO (b) <u>Cardio-renal failure</u>						
	DUE TO (c) <u>Bright's disease &amp; kidney heart</u>						
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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)		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 <u>Sept 1, 1949</u> , to <u>Sept 3, 1949</u> , that I last saw the deceased alive on <u>Sept 3, 1949</u> , and that death occurred at <u>11 A-</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Lewis L. Myers D.O.</u>				23b. ADDRESS <u>Richland Mo</u>		23. DATE SIGNED <u>Sept 2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/6/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oaklawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-8-49</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buckthorpe</u>		389 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Purper</u>		ADDRESS <u>Richland</u>	

(Licensed Embroider's Statement on Reverse Side)

SEP 8 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 \_\_\_\_\_

*Ewell C. Craig*

Student Embalmer No. *319*

working under my personal supervision.

Student ... *Ewell C. Craig*  
Student Embalmer

Signed

*R. B. Zupke*

Licensed Embalmer No. *3198*

P. O. Address

*Richland*

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.