

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1951

BIRTH NO. 78935-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 47

117

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

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 10 Min.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo. 0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital D.C.			d. STREET ADDRESS (If rural, give location) 3015 North 9th Street		
3. NAME OF DECEASED (Type or Print) a. (First) Patrick		b. (Middle) Roy		c. (Last) Miller	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1951		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 28, 1950		9. AGE (In years last birthday) 0 Months 0 Days 15 Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Roy Miller		13b. MOTHER'S MAIDEN NAME Betty Andres	
14. NAME OF HUSBAND OR WIFE Single		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 Mr. Roy Miller		ADDRESS 3015 North 9th St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart (Type undetermined) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 weeks
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) m. -		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 28 Dec, 1950, to 14 Jan, 1951, that I last saw the deceased alive on 14 Jan, 1951, and that death occurred at 6:00 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Clement C. Chmura M.D.			23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 15 Jan 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 15, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Norman W. Gaden 1802 Union			
DATE-REC'D BY LOCAL REG. Jan 16, 1951		REGISTRAR'S SIGNATURE Carl C. Casper		ADDRESS	

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Robert H. Gable

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.