

FILED FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2283

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>23</u>				
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		<u>1872</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 South Elm.</u>				d. STREET ADDRESS (If rural, give location) <u>119 South Elm</u>				<u>0</u>		
3. NAME OF DECEASED (Type or Print) <u>HORACE</u>			a. (First)		b. (Middle) <u>...</u>		c. (Last) <u>MIERS, Jr.</u>			
4. DATE OF DEATH <u>Feb. 3, 1952</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>Oct. 7, 1881</u>		
9. AGE (In years last birthday) <u>70</u>		if UNDER 1 YEAR Months		if UNDER 1 YEAR Days		if UNDER 2 HRS. Hours		if UNDER 2 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman (Boiler)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Missour School Mines</u>			11. BIRTHPLACE (State or foreign country) <u>Dillon, Phelps Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Horace Miers</u>			13b. MOTHER'S MAIDEN NAME <u>Emily</u>			14. NAME OF HUSBAND OR WIFE <u>Bertha Miers, Deceased.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tony Matlock, 119 So. Elm, Rolla Mo</u>					ADDRESS	
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) <u>Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Celso Carcinoma of</u>				DUE TO (c) <u>Prostate and bladder.</u>					<u>Amputation</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION <u>10/1/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Celso Carcinoma of Prostate</u>					177 X		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) (Min.)		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>9/25</u> , <u>1951</u> , to <u>2/3</u> , <u>1952</u> , that I last saw the deceased alive on <u>2/3</u> , <u>1952</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>[Signature]</u>				(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>2/4/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wishon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps Co., Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Feb. 4, 1952</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>S. L. V. Hill - Rolla Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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 S. B. Muel

Licensed Embalmer No. 3394

P. O. Address Rolla 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.