

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9171

State File No. _____

No. 300
10.48
APR 9 1952

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|---|----------------------------------|--|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>224</u> | | PRIMARY REG. DIST. NO. <u>5796</u> | | Registrar's No. <u>22</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA</u> | | c. LENGTH OF STAY (in this place) <u>LIFE</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CALIFORNIA</u> | | <u>0680</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Rural</u> | | | | d. STREET ADDRESS (If rural, give location) <u>California No Rural</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>JOSEPH HENRY MILLER</u> | | | a. (First) | b. (Middle) | c. (Last) | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27, 52</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>4/24/1857</u> | 9. AGE (In years last birthday) <u>94</u> | IF UNDER 1 YEAR Months | IF UNDER 6 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u> | | 11. BIRTHPLACE (State or foreign country) <u>CLEVELAND, OHIO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>CASPER MUELLER</u> | | | 13b. MOTHER'S MAIDEN NAME <u>CATHERINE</u> | | 14. NAME OF HUSBAND OR WIFE <u>SOPHIA EDER</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. F.E. GSTERLY, CALIFORNIA, MO.</u> | | | | |
| 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>Circulatory failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Lobar Pneumonia</u> 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 <u>3 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>490X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>California Moniteau MO</u> | | | | |
| 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>Mar. 16, 1952</u> to <u>Mar. 27, 1952</u> , that I last saw the deceased alive on <u>Mar. 27, 1952</u> , and that death occurred at <u>10:45 AM</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>J. J. Bawion D.O.</u> | | | | 23b. ADDRESS <u>California</u> | | 23c. DATE SIGNED <u>3/29/52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3/30/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S LUTHERAN</u> | | 24d. LOCATION (City, town, or county) (State) <u>CALIFORNIA, MONITEAU, MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>4-5-52</u> | | REGISTRAR'S SIGNATURE <u>NR Popsay L 202</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ILLIAMS FUNERAL HOME, CALIFORNIA, MO.</u> | | | | |

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

APR 11 1952

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 Embalmer No.....

Signed.....

H. E. Friedman

Signed.....
Student Embalmer

Licensed Embalmer No. *2854*

P. O. Address *California 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.