

FILED JUN 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20868

Registrar's No. 254

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|--|---------------------------|--|--|---|-----------------------------|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 156 | | PRIMARY REG. DIST. NO. 2001 | | Registrar's No. 254 | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived, or institution; residence before death, if different) a. STATE Missouri b. COUNTY Newton | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Joplin | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) Seneca, 0730 | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hosp. | | | | d. STREET ADDRESS | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) Guynn c. (Last) Miller | | | 4. DATE OF DEATH (Month) (Day) (Year) June 7, 1952 | | | | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never mar. | 8. DATE OF BIRTH Mar. 1, 1914 | 9. AGE (In years last birthday) 38 | | 9. AGE (In years last birthday) 38 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY Lumber yard | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Earl Miller | | | 13b. MOTHER'S MAIDEN NAME Minnie Guynn | | 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) No | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Miller, Seneca, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver | | | | | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dorsal Metastizing thoracic Vertebra | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Ca. Liver metastizing to Vertebra | | | | | 20. AUTOPSY? YES <input checked="" 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) Joplin Jasper Mo | | 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? Performed postmortem June 7, 1952 | | | |
| 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 2:30 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE R. L. Ferguson M.D. | | | | 23b. ADDRESS 606 Porter, Joplin, Mo. | | 23c. DATE SIGNED June 7, 1952 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-8-52 | | 24c. NAME OF CEMETERY OR CREMATORY Seneca Cem. | | 24d. LOCATION (City, town, or county) (State) Seneca Mo. | |
| DATE REC'D BY LOCAL REG. 6-8-52 | | REGISTRAR'S SIGNATURE By Walter Lanphier 138 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. E. Biddlecome Seneca Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

495

RECEIVED 6-17-52

Jasper County Health Office

County File Number 52/6/453

Date Filed 6-17-52

JUN 18 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W E Kiddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.