

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23700

State File No.

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 757

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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 OR TOWN St. Joseph)		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		1117			
d. FULL NAME OF HOSPITAL OR INSTITUTION Cable Hour Nursing Home				d. STREET ADDRESS (If rural, give location) 319 N. 11th Street					
3. NAME OF DECEASED (Type or Print) a. (First) David			b. (Middle) B.		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) July 13, 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 14, 1876		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) City Unknown -- Iowa.			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David B. Miller			13b. MOTHER'S MAIDEN NAME Elizabeth Burrous			14. NAME OF HUSBAND OR WIFE Nettie Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Everatt Miller St. Joseph, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction of Bowels ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis, mitral & tricuspid regurgitation DUE TO (c) Wernicke 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 days 2 years 3 months	
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) (Minute) —		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 May , 19 52 , to July , 19 52 , that I last saw the deceased alive on July 13 , 19 52 , and that death occurred at 1:50 P.M. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Collis P. Rounley M.P.				23b. ADDRESS 230 Parkview Blvd.			23c. DATE SIGNED July 19 1952		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.			
DATE REC'D BY LOCAL REG. July 17, 1952		REGISTRAR'S SIGNATURE Carl C. Casper			25. FUNERAL DIRECTOR'S SIGNATURE Walter Fleischer		ADDRESS St. Joseph, Mo.		

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

Raymond W. Hershend

Licensed Embalmer No. 4413

P. O. Address St Joseph 5mo

Signed.....***** *****
Student Embalmer

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.