

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>		c. LENGTH OF STAY (In this place) <u>6 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty Twp. 0440</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>8 Mile N. of Mound City</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martin</u>			b. (Middle) <u>A.</u>		c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1953</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>June 6, 1866</u>		9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John A. Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Seavers</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Ann Miller</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kenneth Miller Mound City, 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>Arterio-sclerotic heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis, general</u> DUE TO (c) <u>4200.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Benign Hypertroph. of Prostate</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>  <u>10 yrs</u>  <u>5 yrs</u>	
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) (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>12/11</u> , 19 <u>52</u> , to <u>1/27</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/28</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>James L. Coffey</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Fairfax, Mo.</u>		23c. DATE SIGNED <u>1/30/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/31/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holt County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2/5/1953</u>		REGISTRAR'S SIGNATURE <u>Marvin A. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James A. Crawford</u>		ADDRESS <u>Mound City, Mo.</u>		

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

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**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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Round City, 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.