

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13464

State File No.

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Callaway 0143</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone 0105</u>	
b. CITY OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>2 MO - 2 WKS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shoaf Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>1205 Paquin</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAYMOND</u>	b. (Middle) <u>EDWARD</u>	c. (Last) <u>MILLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 13, 1884</u>	9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired employee of State Experimental Station</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				

13a. FATHER'S NAME <u>James Allen Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Lennie Belle Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Ophelia Duffey</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>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Raymond Edward Miller, Centralia, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</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</u> DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>4221</u> 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 8, 1953, to April 24, 1953, that I last saw the deceased alive on April 18, 1953, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. R. Green, M.D.</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>5/26-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri.</u>		

DATE REC'D BY LOCAL REG. <u>Apr 30-1953</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Service, Columbia, Mo.</u>	ADDRESS
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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

W. J. White

Licensed Embalmer No. 3893

P. O. Address Columbia m

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.