

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24538**

ED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **178**

0422

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

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (in this place) 8 Days	c. CITY (If outside corporate limits, write RURAL and give township) Clinton		d. STREET ADDRESS (If rural, give location) 306 E. Franklin St.
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital			4. DATE OF DEATH (Month) (Day) (Year) AUG. 5, 1953		
3. NAME OF DECEASED a. (First) DANIEL WESLEY b. (Middle) MILLER c. (Last) MILLER			5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15, 1869		9. AGE (In years last birthday) 84 Months 2 Days 20
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Victory Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Miller		13b. MOTHER'S MAIDEN NAME Sarah Yoder	14. NAME OF HUSBAND OR WIFE Deceased		
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 Lee Miller, Clinton, Mo. ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypostatic lobar pneumonia *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic lobar pneumonia					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) Cerebral hemorrhage					
DUE TO (c) arterio sclerosis					
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? 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 7-28, 1953 , to 8-5, 1953 , that I last saw the deceased alive on 8-5, 1953 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Geo. Wetzel M.D.			23b. ADDRESS Clinton Mo		23c. DATE SIGNED Aug 6 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 8 1953	24c. NAME OF CEMETERY OR CREMATORY Burien Cemetery		24d. LOCATION (City, town, or county) (State) Quincy, Mo
DATE REC'D BY LOCAL REG. Aug-6-53		REGISTRAR'S SIGNATURE Florence Adams	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Sanson ADDRESS Clinton, 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~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.