

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8354**

BIRTH NO. **FILED MAR 17 1954** REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Trenton, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neal Nursing Home 1411 Main</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>David Miller</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 25 1954</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 20, 1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 12 HRS. Days <b>5</b>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Hickory, Grundy Co. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>David Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Green</b>	14. NAME OF HUSBAND OR WIFE <b>Martha Bennet</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Dora McCollum</b>	ADDRESS <b>Trenton, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio Sclerosis</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)			
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 20, 1953** to **Feb 25, 1954**, that I last saw the deceased alive on **Oct 20, 1953**, and that death occurred at **1 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E.A. Duffey M.D.</b> (Degree or title)	23b. ADDRESS <b>Trenton Mo</b>	23c. DATE SIGNED <b>Feb 26 54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb 27, 54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelburn</b>	24d. LOCATION (City, town, or county) (State) <b>Grundy Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-27-54</b>	REGISTRAR'S SIGNATURE <b>Jane Davis</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lillian Farnal Home Trenton</b>	ADDRESS
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(Licensed Embalmer's Statement of Reverse Side)

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

0.300  
0.48  
02  
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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 *Leo G. Whiteaker*

Licensed Embalmer No. *4780*

P. O. Address *Trenton, NJ*

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.