

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9432

State File No.

BIRTH FILED MAR 25 1954 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton, Mo		c. LENGTH OF STAY (In this place) 11 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Medicine Twp		0650
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) J. c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 3-12-54		
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) W.	8. DATE OF BIRTH 9-7-1862		9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min. 91 6 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mercer Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Rufus Miller		13b. MOTHER'S MAIDEN NAME Elizabeth Smith		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Miller Harris, Mo		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Oesophagus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) function upper mid third DUE TO (c) Closed about 3 weeks II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 150 X		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)	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 **2-18**, 1954, to **3-12**, 1954, that I last saw the deceased alive on **3-12**, 1954, and that death occurred at **9 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. B. B. ...		(Degree or title)	23b. ADDRESS Princeton Mo		23c. DATE SIGNED 3/12/54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3-14-54	24c. NAME OF CEMETERY OR CREMATORY Newtown		24d. LOCATION (City, town, or county) (State) Newtown Mo	

DATE REC'D BY LOCAL REG. 3-23-54	REGISTRAR'S SIGNATURE Paul Miller	25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss	ADDRESS Princeton, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 500
10-48
50
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MAR 28

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul S. Smith

Licensed Embalmer No. 2634

P. O. Address Summit, N.J.

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.