No. 300
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FILED DEC 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38492

BIRTH NO. 124 80355-54 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6070 Registrar's No. 379

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Liberty Twp. Womack, Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN: Womack, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Rural - Liberty Twp. 0940 0

3. NAME OF DECEASED (Type or Print)
a. (First): Stephen
b. (Middle): Ray
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: Dec. 7 1954
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 11 Min. 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and State or Foreign Country): Womack, Mo. - Rural
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Kenneth Miller
13b. MOTHER'S MAIDEN NAME: Ruth Martin Miller
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
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Kenneth Miller, Womack, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxia Neonatorum — INTERVAL BETWEEN ONSET AND DEATH: 1 HOUR 15 MINS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown.
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: 7620
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3:24 PM 12/19/54 *to* 305 AM 12-8-54, 19__, *that I last saw the deceased alive on* 3:05 AM, 19__, *and that death occurred at* 305 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE 12-8-54 (Degree or title): L P Reynolds DO
23b. ADDRESS: Farmington Mo
23c. DATE SIGNED: 12-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 9 1954
24c. NAME OF CEMETERY OR CREMATORY: Pine Log Church
24d. LOCATION (City, town, or county) (State): St. Francois Co. Mo.

DATE REC'D BY LOCAL REG.: Dec. 8, 1954
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cozean Funeral Home, Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ..... C H Cozean .....

Licensed Embalmer No. 40

P. O. Address ... Farington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.