

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 7217

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5083 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Mound Twp.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>0070</u> OR TOWN <u>Rural-Mound Twp.</u>	
c. LENGTH OF STAY (in this place) <u>20yr</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Harry</u> c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26, 1955</u>	
5. SEX <u>0</u> <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>June 13, 1867</u>
9. AGE (In years last birthday) <u>87</u>		if UNDER 1 YEAR Months <u>9</u> Days <u>13</u>	if UNDER 2 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Barnett</u>		14. NAME OF HUSBAND OR WIFE <u>Barbra Miller</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Barbra Miller, Adrian Mo.</u>	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		10 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 <u>331X</u>		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 Feb 4, 1941, to Mar. 26, 1955, that I last saw the deceased alive on Feb 24, 1955, and that death occurred at 10:45 A., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. S. Colson</u>		23b. ADDRESS <u>Adrian Mo.</u>		23c. DATE SIGNED <u>Mar. 28, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-28-55</u>		REGISTRAR'S SIGNATURE <u>Myra Owens</u>		16-0	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Service</u>		ADDRESS <u>Adrian Mo.</u>	

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____ *Adrian Ms*

Licensed Embalmer No. *3650*

P. O. Address *Adrian Ms*

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

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