

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9172**

FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **6000** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Ralls		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Jasper		c. CITY OR TOWN Rural Jasper	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		STREET ADDRESS (If rural, give location) 3 miles NW Vandalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles NW Vandalia			

3. NAME OF DECEASED (Type or Print)	a. (First) Oscar	b. (Middle) Lynn	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) March 26, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 17, 1872	9. AGE (In years) (Day birthday) (Month) (Year) 82	IF UNDER 1 YEAR (Days) (Hours) (Min.)	IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work performed during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain	11. BIRTHPLACE (City and State or Foreign Country) Tallula, Illinois	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Eva Lee Miller
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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 Beulah Utterback, Vandalia, Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of prostate with metastases to lymph glands.		3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. obstructed bowel.			2 wks

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) (Min.)	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 **Sept 1, 1953**, to **April 26, 1955**, that I last saw the deceased alive on **April 26, 1955**, and that death occurred at **10:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. W. Lindsey	23b. ADDRESS D.O. 2 Laddonia, Missouri	23c. DATE SIGNED 4-1-55
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE March 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Farber Cemetery	24d. LOCATION (City, town, or county) (State) Farber, Missouri
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DATE REC'D BY LOCAL REG. 4/5/55	REGISTRAR'S SIGNATURE Clyde W. Wiley	FUNERAL DIRECTOR'S SIGNATURE William B. Waters	ADDRESS Vandalia, Mo.
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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.....
Signature of Student Embalmer

Signed *William B. Wat*

Licensed Embalmer No. *410*

P. O. Address *Vanda*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.