

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3032 State File No. 12434

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>5604</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>6 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Leeton, Mo.</u> 0510			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center,</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. No. 1, Leeton, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>DELLA</u>		a. (First)		b. (Middle) <u>MAY</u>		c. (Last) <u>MILLER</u>	
4. DATE OF DEATH <u>April 16th, 1955</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 23rd, 1887</u>		9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stewartsville, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Lyon,</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice McMillen,</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence O. 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. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. C.O. Miller, Leeton, Missouri</u>		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>45 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> and DUE TO (c) <u>Hypertension Heart disease</u> 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"/>		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) <u>4200</u>		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?		22. I hereby certify that I attended the deceased from <u>3-2</u> , 19 <u>55</u> , to <u>4-16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-16</u> , 19 <u>55</u> , and that death occurred at <u>4:45 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u> <u>O. M.D.</u>		23b. ADDRESS <u>Warrensburg, Missouri</u>		23c. DATE SIGNED <u>4-17-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mineral Creek Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Leeton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 18, 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauning, Warrensburg, Mo.</u>		ADDRESS	

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

RECEIVED
APR 25 1955
RECEIVED

JOHNSON COUNTY HEALTH DEPT

MAY 8 1955

SC. F. W. W. W.

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 RA Banninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo.

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.