

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18113**FILED JUL 11 1955
BIRTH NO. **34673-55** REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville, Mo		c. LENGTH OF STAY (in this place) 1 Hour	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		c. CITY OR TOWN California, Mo	
		d. Is Residence within limits of a city or (incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		f. STREET ADDRESS (If rural, give location) R.F.D. # 2	

3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle)		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) July 1 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH July 1 1955	
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Notje Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Elmer Miller		13b. MOTHER'S MAIDEN NAME Sara Knipp		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 Elmer W. Miller	
				ADDRESS California, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 776X			
		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 **July 7 1955** to **July 1, 1955**, that I last saw the deceased alive on **July 1, 1955**, and that death occurred at **8:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Brown		(Degree or title)		23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED 7/2/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/2/55		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery.		24d. LOCATION (City, town, or county) (State) Tipton, Mo	

DATE REC'D BY LOCAL REG. 7/2/55		REGISTRAR'S SIGNATURE D. Hooper		25. FUNERAL DIRECTOR'S SIGNATURE Stan Bowlin		ADDRESS California, Mo	
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(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

Not Embalmed