

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4208

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>COOPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>COOPER</u>			
b. CITY OR TOWN <u>BOONVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>BOONVILLE</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>1104. S. 4TH ST 0278</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>MILLER</u>	
4. DATE OF DEATH		(Month) <u>FEB</u>		(Day) <u>18</u>		(Year) <u>56</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY. 19. 1949</u>	
9. AGE (in years last birthday) <u>6P</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>BOONVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>JENNIE-SHELBY</u>		14. NAME OF HUSBAND OR WIFE <u>ANNIE MILLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>445-30-3733</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annie Miller</u> ADDRESS <u>1104 S. 4th St</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u>				<u>14 years</u>	
		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.					
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 <u>7-12-52</u> , 19____, to <u>2-18-56</u> , 19____, that I last saw the deceased alive on <u>1-20-56</u> , 19____, and that death occurred at <u>3:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B. M. Stuart, M.D.</u> (Degree or title) <u>D</u>				23b. ADDRESS <u>329 Main; Boonville Mo</u>		23c. DATE SIGNED <u>2/22/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>BOONVILLE MO</u>	
DATE REC'D BY LOCAL REG. <u>2/22/56</u>		REGISTRAR'S SIGNATURE <u>DE Hooper</u> <u>381</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAY-PARKER</u> ADDRESS <u>814 S. PORTER BOONVILLE MO</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

APR 4 1956

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.....
James H. Parker

Licensed Embalmer No. *290*

P. O. Address *Columbia*

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.