

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20277**
Registrar's No. **93**

FILED JUL 12 1956

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY OR TOWN Trenton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 1509 PLEASANT PLAIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1509 PLEASANT PLAIN			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Edward	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) June 8 1956
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5. SEX MALE	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH JAN. 27, 1899	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Trenton, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Miller	13b. MOTHER'S MAIDEN NAME Ida Myers	14. NAME OF HUSBAND OR WIFE Catherine Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME Catherine Miller	ADDRESS Trenton MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Stomach		INTERVAL BETWEEN ONSET AND DEATH 4 yr
	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 151X	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **January 5, 1955**, to **June 7, 1956**, that I last saw the deceased alive on **Jan 7, 1956**, and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE E. J. Maivs (Degree or title)	23b. ADDRESS 710	23c. DATE SIGNED 6/9/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUN 10, 1956	24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE	24d. LOCATION (City, town, or county) (State) Trenton, Missouri
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DATE REC'D BY LOCAL REG. 6-15-56	REGISTRAR'S SIGNATURE Gene Faw	25. FUNERAL DIRECTOR'S SIGNATURE Weldon Blackmore	ADDRESS Trenton, MO
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Dr. E. J. MAIVS

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *Harold Roberts*.....

Licensed Embalmer No. *49*.....

P. O. Address *Trenton, N.J.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.