

FILED AUG 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29605

BIRTH NO. 56112-56 REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY SULLIVAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILAN		c. CITY OR TOWN Browning	d. In 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) 22hrs. 27min.		e. STREET ADDRESS (If rural, give location) 0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN CO. MEM. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) STEVEN b. (Middle) DALE c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) 8 10 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	
8. DATE OF BIRTH 8-9-1956		9. AGE (In years last birthday) 22		IF UNDER 1 YEAR 47 IF UNDER 24 HRS. 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME CHAS. LEE MILLER		13b. MOTHER'S MAIDEN NAME KATHALEEN CLARK		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Charles Lee Miller</i> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hyaline thrombus??</i>		DUE TO (b) <i>congested aorta</i>		<i>20 min</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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) <i>Browning Linn Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 *8/9*, 19*56*, to *8/10*, 19*56*, that I last saw the deceased alive on *8/10*, 19*56*, and that death occurred at *8:50* a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>Browning, Mo</i>		23c. DATE SIGNED <i>8/10/56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE 8-11-56		24c. NAME OF CEMETERY OR CREMATORY Jenkins	
24d. LOCATION (City, town, or county) (State) Browning, Rural Mo.					

DATE REC'D BY LOCAL REG. 8-14-56		REGISTRAR'S SIGNATURE <i>Mrs. M. W. Beckett</i>		25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home ADDRESS Browning, Mo.	
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U. 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 *Gerald T. Wade*.....

Licensed Embalmer No. *417*.....

P. O. Address *Brown*.....

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.