

FILED OCT 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29807

STATE FILE NUMBER

Registration District No. 32 Primary Registration District No. 4042 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Bollinger			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bollinger		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lutesville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home		Length of stay in lb 5 Months	d. STREET ADDRESS Lutesville, Mo.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John Franklin Miller			4. DATE OF DEATH 9/15/56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11/12/1886	9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Diehlstadt, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Turner S. Miller			14. MOTHER'S MAIDEN NAME Elizabeth Welch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> W.W. 1		16. SOCIAL SECURITY NO. None	17. INFORMANT Claude Welch, Diehlstadt, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation Cardio Renal Vascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) Atherosclerosis					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 4/6/56 to 9/15/56 and last saw her alive on 9/14/56 Death occurred at 9:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John J. Myers (Degree or title)			22b. ADDRESS Lutesville Mo.		22c. DATE SIGNED 9/24/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/17/56	23c. NAME OF CEMETERY OR CREMATORY Maynard Cemetery		23d. LOCATION (City, town, or county) (State) Diehlstadt, Mo.
24. FUNERAL DIRECTOR OR ADDRESS Edward E. Pennington The Nunnelee Funeral Chapel Churleston, Mo.		25. DATE RECD. BY LOCAL REG. 9-26-56		26. REGISTRAR'S SIGNATURE Mo. Buford Crader	

87-158

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 *Edward E. [Signature]*

Licensed Embalmer No. 416

P. O. Address *Belton, Va*

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.