

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39065**

**FILED NOV 29 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5984** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Liberty, Township</b>		c. CITY OR TOWN <b>Richland, Mo</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>Life.</b>		f. STREET ADDRESS (If rural, give location) <b>Rural Rt. # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Albert</b> c. (Last) <b>Miller.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 16 1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 19, 1869</b>	9. AGE (In years last birthday) <b>87</b>	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) <b>Farmer.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>State of Illinois.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Chrisphor Columbus Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Bishop</b>	14. NAME OF HUSBAND OR WIFE <b>Maudie (Harris) (Miller.)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>Unknown.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Omer Miller</b> ADDRESS <b>Richland, Mo Rural Rt. # 2</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio-sclerotic heart disease.</b>		
	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 <b>4200</b>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1952** to **11-14**, 19**56**, that I last saw the deceased alive on **11-14**, 19**56**, and that death occurred at **11:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Carrington</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Lebanon, Missouri</b>	23c. DATE SIGNED <b>11-17-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/18/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazelgreen Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Hazelgreen, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>11-18-56</b>	REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>	25. EMBALMER'S SIGNATURE <b>Paula Mae Anderson</b> ADDRESS <b>Home Richland Mo</b>
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(Licensed Embalmer's Statement on 'Reverse Side)

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

RECEIVED 11-24-56  
Pulaski County Health Officer  
File Number 161  
Date Filed 11-17-56

NOV 27 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 *Clarence Thorse*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville*

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.