

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013106
State File No.

FILED APR 29 1958

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 37

0030

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) (Institution) (Institution) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) Fairfax (Rural)		c. LENGTH OF STAY (in this place) 0030	c. CITY OR TOWN Fairfax (Rural)
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) RALPH		c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) April 18, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 23, 1895		9. AGE (In years last birthday) 62	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sparks, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charlie Miller		13b. MOTHER'S MAIDEN NAME Ella Arnold		14. NAME OF HUSBAND OR WIFE Nettie Miller			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW #1		16. SOCIAL SECURITY NO. 493-42-3222		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nettie Miller, Fairfax, Missouri		ADDRESS	
---	--	---	--	---	--	---------	--

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 5 min	
		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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 April 18, 1958, to Apr 18, 1958, that I last saw the deceased alive on Apr 18, 1958, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>James J. Sweeney</i>		(Degree or title) M.D.		23b. ADDRESS Oregon, Missouri		23c. DATE SIGNED 4/19/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/20/58		24c. NAME OF CEMETERY OR CREMATORY Maple Grove		24d. LOCATION (City, town, or county) (State) Oregon, Missouri	

DATE REC'D BY LOCAL REG. April 26, 1958		REGISTRAR'S SIGNATURE <i>Therese A. Schaefer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>James H. Pettigrew</i>		ADDRESS Oregon, Mo.	
---	--	---	--	---	--	-------------------------------	--

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

APR 30 1958

MAY 5 1958

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.....
Licensed Embalmer No. 3192
P. O. Address..... Oregon

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.