

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019025

STATE FILE NUMBER

FILED MAY 20 1958

Registration District No. 210

Primary Registration District No. 5772

Registrar's No. 28

Health,  
Welfare  
Public  
Service

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission): a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Harris Medicine fony		c. CITY OR TOWN Harris Obs. of fony Medicine fony	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *****		d. STREET ADDRESS ***** (If outside, give location)	
Length of stay in lb Life		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Leo Middle Glen Last Miller			4. DATE OF DEATH Month 5 Day 7 Year 58		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-24-1895	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 5 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Grain-stock		11. BIRTHPLACE (City and state or country) Mercer Co. Mo. 0	
13. FATHER'S NAME Grant Miller			14. MOTHER'S MAIDEN NAME Minnie Sumner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year dates of service) yes W.W. I		16. SOCIAL SECURITY NO. 487-16-7392		17. INFORMANT Mrs. Lula Miller Harris, 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) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 20 MIN
Exertion of running sheep			
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Probably Arteriosclerotic			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.	6 P.M. May 7 1958		

20d. INJURY OCCURRED WHILE AT WORK <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.) Family Physician for 40 yrs	20f. CITY, TOWN, OR LOCATION Princeton, Mo.	COUNTY Princeton	STATE Mo.
21. I attended the deceased from Death occurred at 6 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE A. S. Bristow M.D.		22b. ADDRESS Princeton, Mo.		22c. DATE SIGNED 5-8-58

23a. BURIAL, CREMATION, REBURY (Specify)	23b. DATE 5-10-58	23c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery	23d. LOCATION (City, town, or county) (State) Princeton, Mo.
24. FUNERAL DIRECTOR H. E. Agnew Princeton, Mo.		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE H. E. Agnew

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, ~~city~~ ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *RE, Agave* .....

Licensed Embalmer No.... 502

P. O. Address..... Princeton, M

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