

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008127  
STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 339 Primary Registration District No. 6149 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Duckcreek		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Puxico
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2, Puxico		Length of stay in lb 1 mo.	d. STREET ADDRESS (If outside, give location) Route 2 Puxico
3. NAME OF DECEASED (Type or print) First Middle Last George Wesley Miller			4. DATE OF DEATH Month Day Year Feb. 6, 1959
5. SEX male <input type="checkbox"/>	6. COLOR OR RACE cauc.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 19, 1879
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	11. BIRTHPLACE (City and state or country) Stoddard Co. Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY retired farmer	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William Miller		13b. MOTHER'S MAIDEN NAME Lou Perry	14. NAME OF HUSBAND OR WIFE Mrs. Myrtle Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-14-3463A	17. INFORMANT Orville Miller Address R#2 Puxico, 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) Congestive heart failure DUE TO (b) Arteriosclerosis DUE TO (c) Chronic glomerulo-nephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500			INTERVAL BETWEEN ONSET AND DEATH 10 days 4 yrs. 3 yrs.
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 1956 to Feb. 6, 1959 and last saw him alive on Feb. 5, 1959 Death occurred at 4:45 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. H. O.</i> (Degree of title)		22b. ADDRESS <i>Stated Mo</i>	22c. DATE SIGNED 2/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2/8/1959	23c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	23d. LOCATION (City, town, or county) (State) Route 1 Puxico, Mo.
24. FUNERAL DIRECTOR Watkins & Sons Puxico, Missouri		25. DATE RECD. BY LOCAL REG. 2/14/59	26. REGISTRAR'S SIGNATURE <i>Pearl Reed</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 9 1959

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 Earl Mitchell .....

Licensed Embalmer No. 4964 .....

P. O. Address Depto 111 .....

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.