

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018265

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 164

Primary Registration District No. 5601

Registrar's No. 67

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|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Warrensburg |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Pleasantview Rest Home | | Length of stay in lb 6 Months | d. STREET ADDRESS (If outside, give location) Rural Route #3 |
| 3. NAME OF DECEASED (Type or print) First Montgomery Middle Miller Last Miller | | 4. DATE OF DEATH Month May Day 23 Year 1959 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 14, 1884 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY General Labor | 9. AGE (In years last birthday) 75 |
| 11. BIRTHPLACE (City and state or country) Knobnoster, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William A. Miller | | 13b. MOTHER'S MAIDEN NAME Sarah Padgett | |
| 14. NAME OF HUSBAND OR WIFE Never Married | | 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. 499-10-3244 | | 17. INFORMANT Address Mr. J. E. Caldwell Warrensburg, 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) Cerebral vascular accident Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X | | | INTERVAL BETWEEN ONSET AND DEATH 5 days 3+ years |
| 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 _____ 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 Death occurred at 9:45 on the date stated above; and to the best of my knowledge, from the causes stated. | | 21. I attended the deceased from Sept 1954 to 23 May 59 and last saw him alive on 15 May 59 | |
| 22a. SIGNATURE (Degree or title) Deed Miller | | 22b. ADDRESS Warrensburg Mo | |
| 22c. DATE SIGNED 25 May 59 | | 23. NAME OF CEMETERY OR CREMATORY Knobnoster Cemetery | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23d. LOCATION (City, town, or county) (State) Knobnoster, Missouri | |
| 23b. DATE 5-25-1959 | | 24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips Warrensburg, Mo | |
| 25. DATE RECD. BY LOCAL REG. May 25, 1959 | | 26. REGISTRAR'S SIGNATURE Savanah Crutchfield | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Any diseases in Part I must be accurately stated.

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 *J. Earl Priest*
Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.