

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31512

State File No.

BIRTH NO. REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u>	
b. CITY OR TOWN <u>RURAL - GRAPE GROVE</u>		c. CITY OR TOWN <u>RURAL</u> <u>0890</u> 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) <u>10 yrs.</u>		d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home 12 mi. N.W. of Hardin, Mo.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home 12 mi. N.W. of Hardin, Mo.</u>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAMERON</u> b. (Middle) <u>LOUIS</u> c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 26, 1954</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>SEPT. 12, 1881</u>	
9. AGE (In years last birthday) <u>73</u>		10. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>GEORGE MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HEAVNER</u>		14. NAME OF HUSBAND OR WIFE <u>DORA MILLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DORA MILLER - Richmond, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
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 <u>4-22-1</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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?	

22. I hereby certify that I attended the deceased from 9-26-54, 1954, to 9-26-54, 1954, that I last saw the deceased alive on 9-26-54, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. L. Gay M.D.</u>		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>9-25-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wakenda Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ray County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Sept 28-1954</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tracy Childs - Hardin, Mo.</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *August Borchering*
Licensed Embalmer No. *4678*

P. O. Address *Hardin, Mo.*

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.