

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22771

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 243			
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY BOLLINGER					
b. CITY OR TOWN CAPE GIRARDEAU		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY OR TOWN GLEN ALLEN		9			
d. FULL NAME OF HOSPITAL OR INSTITUTION CAPE OSTEOPATHIC Hosp.				d. STREET ADDRESS (If rural, give location) —					
3. NAME OF DECEASED (Type or Print) PETER			a. (First)		b. (Middle)		c. (Last) MILLER		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
7		9		19		49			
5. SEX M.O		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12-26-1865			
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 6		IF UNDER 1 YEAR Days 13		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER			10b. KIND OF BUSINESS OR INDUSTRY —			11. BIRTHPLACE (State or foreign country) GERMANY 4			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME LOUIS MILLER		13b. MOTHER'S MAIDEN-NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE DENA MILLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME DENA MILLER				ADDRESS GLEN ALLEN, Mo.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Bronchial Pneumonia					
				DUE TO (c) Prostatitis & Nephritis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								593X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		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 June 24, 1949, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 4:15 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W.D. Newell M.D.				23b. ADDRESS 105 S. Spanish Cape Okindew			23c. DATE SIGNED July 21, 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-11-49		24c. NAME OF CEMETERY OR CREMATORY GLEN ALLEN		24d. LOCATION (City, town, or county) (State) GLEN ALLEN Mo.			
DATE REC'D BY LOCAL REG 7-27-49		REGISTRAR'S SIGNATURE C. C. Sumner		44		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME WATGESSVILLE, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-1-49

District Health Officer No. 4

District File Number 849-10

Date Filed

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.

Signed J. E. Graham

Signed Student Embalmer

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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 this body is not embalmed, fact should be so stated above.