

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2390

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 51

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1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>FRANKLYN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL HERAMEC</u>		c. LENGTH OF STAY (in this place) <u>96 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PACIFIC Rural</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Ine - FUSHA</u>			d. STREET ADDRESS (If rural, give location) _____		

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>J.</u> c. (Last) <u>MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 8 1949</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 13 1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John H Miller</u>	13b. MOTHER'S MAIDEN NAME <u>CONTRUDE CARNELMER</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA CUMISKEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bro. Rosh, S.B.S. St. Joseph's Hill Ine</u>		ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC INSUFFICIENCY</u>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES DUE TO (b) <u>CHRONIC MYOCARDITIS</u>		
		DUE TO (c) <u>GENERAL ARTERIOSCLEROSIS</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>EXTREME HEAT & HUMIDITY</u>		<u>4-2-51</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 6/3, 1949, to 7/8, 1949, that I last saw the deceased alive on 7/8, 1949, and that death occurred at 4:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. Mendenhall M.D.</u> (Degree or title)	23b. ADDRESS <u>3155 N. LAURENCE ST. LOUIS</u>	23c. DATE SIGNED <u>7/8/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Church Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Catawissa, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 19 1949</u>	REGISTRAR'S SIGNATURE <u>Phil J. Kirk</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene S. Hubbs</u>	ADDRESS <u>Raymo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED JUL 25 1949
District Health Officer No. 9,
District File Number.

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
Student Embalmer

Signed

Geo. L. Shieles

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.