

FILED JAN 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

469

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau, 417</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Cape Girardeau Twnshp)</u>		d. STREET ADDRESS (If rural, give location) <u>Cape Girardeau R. R. 2</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>MARIE</u>	
		c. (Last) <u>MILLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>January 19, 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 21, 1880</u>
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>28</u>	
11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Dutchtown, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Martin Frederick</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
		14. NAME OF HUSBAND OR WIFE <u>Fritz 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. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Emil Miller</u>		ADDRESS <u>Festus, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart failure</u> ANTECEDENT CAUSES <u>Heart</u> DUE TO (b) <u>Arterio-sclerotic disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>		<u>3 years</u>	
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) <u>su</u>		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) <u>9:05 a.m.</u>		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 <u>Jan 17, 1950</u> to <u>Jan 19, 1950</u> , that I last saw the deceased alive on <u>Jan 19, 1950</u> , and that death occurred at <u>9:05 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Washley, M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>1-21-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 21, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-21-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home - Cape Gir.</u>		ADDRESS <u>Mo.</u>	

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

RECEIVED

JAN 23 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150-104

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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 \_\_\_\_\_

*Virgil H. Kelch*

Licensed Embalmer No. 4192

P. O. Address Cape Girardeau

Signed \_\_\_\_\_  
Student Embalmer

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.