

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22328

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>261</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Risco, Missouri</u>		<u>0720</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u>			b. (Middle)		c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1951</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>Feb. 7, 1870</u>		9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>11</u> 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>none</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Miller County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Charles A. 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>C. A. Miller</u>		ADDRESS <u>Risco, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Rectum</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>18 July 51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum</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) m. <u>1:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>10 July 1951</u> , to <u>18 July 1951</u> , that I last saw the deceased alive on <u>17 July 1951</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) <u>Wm. Sheehan M.D.</u>				23b. ADDRESS <u>709 1/2 Broadway - Cape Girardeau, Mo.</u>			23c. DATE SIGNED <u>24 July 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 20 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Malden Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-24-51</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		44		25. FUNERAL DIRECTOR'S SIGNATURE <u>Day Funeral Home</u>			

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

0169  
0

176.

RECEIVED

JUL 30 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

**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 *J. S. Scherman* .....

Licensed Embalmer No. *4054* .....

P. O. Address *Ormsden* .....

**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.