

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29708

BIRTH NO. 2 1951REG. DIST. NO. 52PRIMARY REG. DIST. NO. 5784Registrar's No. 76

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>Rural (Whitewater) Mo.</u>		c. LENGTH OF STAY (In this place) <u>60 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Whitewater) Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles S. Millerville Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles S. Millerville</u>			d. STREET ADDRESS (If rural, give location) <u>2 miles S. Millerville Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>RIEMANN</u> c. (Last) <u>MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23, 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>Aug. 18, 1867</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Millerville Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ernst Riemann</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Welforth</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas A. Miller Millerville 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia & Sore</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Cold</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (c) - <u>490X</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			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Sept 18, 1951</u> , to <u>Sept 23, 1951</u> , that I last saw the deceased alive on <u>Sept 23, 1951</u> , and that death occurred at <u>1:45 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>D. G. Johnson M.D.</u>			23b. ADDRESS <u>Johnson Mo.</u>		23c. DATE SIGNED <u>9-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 25-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>		
DATE REC'D BY LOCAL REG <u>Oct 26 51</u>	REGISTRAR'S SIGNATURE <u>D. G. Johnson 43</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Johnson Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 1 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 *Gene Cunniff*.....

Licensed Embalmer No. *4367*.....

P. O. Address *Spokane, 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.