

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40897

State File No.

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 406

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU 1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE 1001</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>111 FRATES 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTHEAST MO. HOSP</u>			

3. NAME OF DECEASED (Type or Print) <u>GEORGE THOMAS MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 16 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>DEC. 26-1897</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Days <u>11</u> Hours <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ENGINEER</u>		11. BIRTHPLACE (State or foreign country) <u>BLK THEVILLE APT 1. S.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>GEORGE W MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA J. IRWIN</u>		14. NAME OF HUSBAND OR WIFE <u>HATTIE MILLER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>702-07-176</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Hattie Miller</u> ADDRESS <u>CHAFFEE MO</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis with infarction</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) _____ 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>12 hrs.</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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.		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 12-16-1951 to 12-16-51, that I last saw the deceased alive on 12-16-51, 1951, and that death occurred at 11:25 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter M. Ester, MD</u>		23b. ADDRESS <u>714 Broadway, Cape Girardeau 12-17-51</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BEHALF</u>		24b. DATE <u>DEC 18-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE GROVE - BLK THEVILLE APT</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Stubbins - Chaffee Mo.</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>12-17-51</u>		REGISTRAR'S SIGNATURE <u>Co. Co. Summers 440</u>			

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

APR 12 1956

RECEIVED

DEC 26 1951

DISTRICT HEALTH OFFICE No. G

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 *C. J. Lovberg*

Licensed Embalmer No. *3810*

P. O. Address *Cape Girardeau,*

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.