

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

34646

State File No. _____

FILED NOV 7 1952

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 1175 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CLAIR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. CLAIR</u>	
c. LENGTH OF STAY (in this place) <u>20 YRS</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>E.</u> c. (Last) <u>MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-28-52</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>7-18-91</u>		9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR _____ IF UNDER 1 HR. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GRIGGSVILLE, ILL.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>FRED MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE McMAHN</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE MILLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>NELLIE MILLER</u> ADDRESS <u>ST. CLAIR MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGESTIVE HEART FAILURE</u>		DUE TO (b) <u>GENERALIZED ATHEROSCLEROSIS</u>			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
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 <u>4500</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) (Min.) _____		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 10-25, 1952, to 10-28, 1952, that I last saw the deceased alive on 10-20, 1952 and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John A. Seal, M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Clair Mo.</u>		23c. DATE SIGNED <u>10-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. CLAIR MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey & Lenz</u>		ADDRESS <u>St. Clair Mo</u>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>E. L. Worthington</u>		96-1	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *R. M. Leno*

Licensed Embalmer No. 3601

P. O. Address *H. Davis, 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.