S. No. 300
v. 10.48

FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32233

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 89

0500
3

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

1. PLACE OF DEATH
a. COUNTY Jeff.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joachim Rural Herculaneum
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Jeff.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2209
d. STREET ADDRESS (If rural, give location) 2707 1/2 Madison St.

3. NAME OF DECEASED (Type or Print) a. (First) Josiah b. (Middle) Cooper c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1953

5. SEX M
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 31, 1902
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months 1 Days 18 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Repair
10b. KIND OF BUSINESS OR INDUSTRY General Building
11. BIRTHPLACE (State or foreign country) Colby, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Josiah C. Miller
13b. MOTHER'S MAIDEN NAME Florence Lilfer
14. NAME OF HUSBAND OR WIFE Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Josiah Miller St. Louis, Mo. ADDRESS

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) Accidental Drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) In Joachim Creek

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E9298 42
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Herculaneum Jeff. 0.5 Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 19, 1953 about 10 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Drowning

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 10 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) T. B. Edwards D. M. D. Coroner
23b. ADDRESS Cedar Hill Mo
23c. DATE SIGNED 9/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 19, 1953
24c. NAME OF CEMETERY OR CREMATORY Game
24d. LOCATION (City, town, or county) (State) Festus, Mo.

DATE REC'D BY LOCAL REG. 9-20-53
REGISTRAR'S SIGNATURE Gentry R. Politte 444
25. FUNERAL DIRECTOR'S SIGNATURE Gentry R. Politte ADDRESS Crystal City, Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1953

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED SEP 25 1953

OCT 1 1953

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Gentry R. Polette

Signed.....
Student Embalmer

Licensed Embalmer No. 3481

P. O. Address Crystal City, Mi

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.