

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 19 1955

State File No. **32617**

Registrar's No. **305**

BIRTH NO. _____		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 305	
1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mooper		
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Rural # 2	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hosp.			e. STREET ADDRESS (If rural, give location) 8 mi. N. of California P.R. 0		
3. NAME OF DECEASED (Type or Print) a. (First) CARL b. (Middle) Edward c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) Oct 15 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? Married	8. DATE OF BIRTH Dec 31 1881	9. AGE (In years last birthday) 73	# UNDER 1 YEAR: Days 9 Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jamestown Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Louis Miller		13b. MOTHER'S MAIDEN NAME Elizabeth Burgi		14. NAME OF HUSBAND OR WIFE Nettie Schaeuthal Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Nettie Miller ADDRESS California Mo.	
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) Peptic ulcer			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage ivc					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5400					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		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)		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 10/3 1955 to 10/15 1955 , that I last saw the deceased alive on 10/15 1955 , and that death occurred at 4:30 mi. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Edward P. Sepebaha M.D.		23b. ADDRESS Jefferson City Mo.		23c. DATE SIGNED 10/15/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-18-1955		24c. NAME OF CEMETERY OR CREMATORY Evangelical Cemetery	
24d. LOCATION (City, town, or county) (State) Jamestown Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Hugh E. Williams ADDRESS California Mo.			
DATE REC'D BY LOCAL REG. 17 Oct 1955		REGISTRAR'S SIGNATURE R.G. Norris M.D. M.R.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

THE BOARD OF HEALTH OF MISSOURI
DEPARTMENT OF HEALTH

607-10
35-10

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH
DIVISION OF PUBLIC HEALTH
OFFICE OF THE STATE EMBALMER
ST. LOUIS, MISSOURI

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.....
Signature of Student Embalmer

Signed *Hugh E. Williams*

Licensed Embalmer No. *353*

P. O. Address *California*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.