

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30057**

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 443

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cape Girardeau	
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 13 days		c. CITY OR TOWN Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS 815 Independence		31670			

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST			b. (Middle) R.			c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) October 3, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 15, 1898		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 8 Days 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker				10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory				11. BIRTHPLACE. (City and State or Foreign Country) Dexter, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Joseph Miller			13b. MOTHER'S MAIDEN NAME Ellen Raney			14. NAME OF HUSBAND OR WIFE Kitty P. Miller					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes no			16. SOCIAL SECURITY NO. W.W.T. 490-05-6721			17. INFORMANT'S SIGNATURE OR NAME Mrs. Kitty P. Miller			ADDRESS Cape Gir., 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Pancreatitis						7 days	
ANTECEDENT CAUSES		DUE TO (b) Duodenal ulcer - with massive hemorrhage						12 days	
		DUE TO (c) Pneumonia 5410							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia 5410							
19a. DATE OF OPERATION 22 Sept		19b. MAJOR FINDINGS OF OPERATION Massive hemorrhage with postero duodenal ulcer						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP)		21c. (COUNTY)		21d. (STATE)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR							

I hereby certify that I attended the deceased from **20 Sept, 1956**, to **30 Sept, 1956**, that I last saw the deceased alive on **30 Sept, 1956**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Washly MD			23b. ADDRESS Cape Girardeau Mo			23c. DATE SIGNED 5 Oct 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 6, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		

DATE REC'D BY LOCAL REG. 10-5-56		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Walter's Funeral Home		ADDRESS Cape Gir., Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-0

FORM NO. 103

OCT 10 1958

OCT 11 1958

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 *William L. Townes*

Licensed Embalmer No. *4410*

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