

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 29 1956

STATE FILE NUMBER

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **1138**

Health, Welfare, Public Service  
300 1-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b> <i>0117</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital #2.</b>		d. STREET ADDRESS (If outside, give location) <b>305 So 18 St</b>	
Length of stay in 1b <b>26 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>Elizabeth Miller</b>			4. DATE OF DEATH <b>October 21, 1956</b>		
5. SEX <b>Female</b>			6. COLOR OR RACE <b>White</b>		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <b>Apr. 19, 1865</b>		
9. AGE (In years last birthday) <b>91</b>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13. FATHER'S NAME <b>John Giller</b>		
14. MOTHER'S MAIDEN NAME <b>Bridget Fitzgerald</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		
16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT <b>Mrs. F. J. Wiehl</b> Address <b>St. Joseph, Mo.</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Chronic</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fractured left hip accidental, due to fall to floor.</b>		<b>10/6/56.</b>
DUE TO (c) <b>Arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>9047 46</b>		

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>fall to floor</b> <i>131</i>	
20c. TIME OF INJURY Hour <b>?</b> Month, Day, Year <b>10-6-56</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>On ward 28 St. Hosp. #2</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>St. Joseph Buchanan Missouri.</b>	
21. I attended the deceased from <b>Jan. 1, 1956</b> to <b>Oct. 21, 1956</b> and last saw her <del>her</del> <b>live</b> on <b>Oct. 20, 1956</b> Death occurred at <b>2:55 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>G. E. Cassing M. D.</b>		22b. ADDRESS <b>State Hospital #2.</b>	
22c. DATE SIGNED <b>Oct. 21, 1956</b>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 23, 1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	
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24. FUNERAL DIRECTOR ADDRESS <b>Mercer &amp; Ferguson Inc. St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 23, 1956</b>		26. REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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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 *Robert E. Herring*

Licensed Embalmer No. 32

P. O. Address *H. Jones*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.