

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34934

FILED NOV 7 - 1956

BIRTH NO. REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 1397 Registrar's No. 418

1. PLACE OF DEATH a. COUNTY: <u>Demarcat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>Demarcat</u>	
b. CITY OR TOWN: <u>Cooter</u>		c. CITY OR TOWN: <u>Cooter</u>	
c. LENGTH OF STAY (in this place): <u>67 yr</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (In rural, give location): <u>0780</u>	

3. NAME OF DECEASED (Type or Print) a. (First): <u>Albert</u> b. (Middle): <u>Sidney</u> c. (Last): <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year): <u>10-12-56</u>		
5. SEX: <u>M</u>		6. COLOR OR RACE: <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Widowed</u>	
8. DATE OF BIRTH: <u>3-25-1875</u>		9. AGE (in years last birthday): <u>81</u>		10. IF UNDER 1 YEAR, LAST UNDER 24 HRS. (Month) (Day) (Hours) (Min.): <u>8:17:17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Shop work</u>		11. BIRTHPLACE (City and State, foreign Country): <u>Tenn.</u>	
12. CITIZENSHIP OF WHAT COUNTRY: <u>USA</u>		13a. FATHER'S NAME: <u>Weslie Miller</u>		13b. MOTHER'S MAIDEN NAME: <u>Fannie Caldwell</u>	
14. NAME OF HUSBAND OR WIFE: <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>No</u>		16. SOCIAL SECURITY NO.:	
17. INFORMANT'S SIGNATURE OR NAME: <u>Mrs Fannie Caldwell Cooter M</u>		ADDRESS: <u>Cooter Mo</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension, arteriosclerosis of hr.</u>		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES		Conditions contributing to the death but not related to the disease or condition causing death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>↑</u>			
DUE TO (c)		DUE TO (c) <u>↑</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 10/12, 1956 to 10/12, 1956, that I last saw the deceased alive on 10/12, 1956, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

23. SIGNATURE: <u>William F. Turner MD</u> (Degree or title)		23b. ADDRESS: <u>Steele, Mo.</u>		23c. DATE SIGNED: <u>10/28/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		24b. DATE: <u>10-24-56</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Mt Zion</u>	
24d. LOCATION (City, town, or county) (State): <u>Steele Mo</u>		DATE REC'D BY LOCAL REG.: <u>10/1-56</u>		REGISTRAR'S SIGNATURE: <u>Dr. O. Turner</u>	
25. FUNERAL DIRECTOR'S SIGNATURE: <u>Gerrison Trust Co. Steele</u>		ADDRESS: <u>Steele</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

49-0

11-2875C

NOV 5 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 29
CARUTHERSVILLE, MO.

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 *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Highway 22*

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.