No. 300
10.48

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38563

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5621 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina (Rural)
c. LENGTH OF STAY (in this place): 41yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 mi. N. W. of Edina

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edina (Rural) 0520
d. STREET ADDRESS (If rural, give location): 6 mi. N. W. of Edina

3. NAME OF DECEASED (Type or Print)
a. (First): Teresa
b. (Middle): Agnes
c. (Last): Millmeyer

4. DATE OF DEATH (Month) (Day) (Year): Dec.1st, 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-1-1891
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Henry County, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Pettitt
13b. MOTHER'S MAIDEN NAME: Elizabeth Lawson
14. NAME OF HUSBAND OR WIFE: Louis Millmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) 0
16. SOCIAL SECURITY NO.: XXXXX
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Louis Millmeyer Edina, 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, asthenia, 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)	Arteriosclerotic heart disease grade III	10 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized arteriosclerosis	10 yrs.
DUE TO (c)	420.0	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Varicose veins, thrombophlebitis of both legs	4 mo.

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

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 29, 1956, *to* Dec. 1st, 1956, *that I last saw the deceased alive on* Nov. 30th, 1956, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Francis Tarvydas M.D.
23b. ADDRESS: Edina, Missouri
23c. DATE SIGNED: Dec. 3. 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-4-1956
24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart
24d. LOCATION (City, town, or county) (State): Ft. Madison Iowa

DATE REC'D BY LOCAL REG.: Dec. 6-56
REGISTRAR'S SIGNATURE: Nelle S. Hunolt
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Paul C. Kriegshauser Edina Mo

(Licensed Embalmer's Statement on Reverse Side)

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

US MAY 28 1959

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 .....
Student Embalmer

Signed Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina Mo.

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.