

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 19 1957

7187

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 6080 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Ste. Genevieve Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ste. Genevieve Star Rt.</b>		c. CITY OR TOWN <b>Near Clearwater,</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Floretta</b> Middle <b>Myrtle</b> Last <b>Miller</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>8</b> Year <b>1957</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>Sept. 23 1883</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House-wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>New Madrid Co. Mo.</b>	
13. FATHER'S NAME <b>Charles Benedict</b>			14. MOTHER'S MAIDEN NAME <b>Alice Sands</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT <b>Henry Miller Ste. Genevieve Star Rt.</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>Acute Ventricular failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>0</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <b>Aplastic Anemia + Cachexia</b>			<b>6 months</b>
DUE TO (c) <b>Carbon tetrachloride + Inductors</b>			<b>18 months</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from <b>1950</b> to <b>Feb 8 57</b> and last saw her alive on <b>Feb 6 57</b> Death occurred at <b>8:05 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>H. Bennett, D.V.</b>	22b. ADDRESS <b>Farmington Mo.</b>	22c. DATE SIGNED <b>2-9-57</b>

23a. BURIAL, CREMATION, KNOWN (Specify) <b>Burial</b>	23b. DATE <b>Feb. 11, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Honey</b>	23d. LOCATION (City, town, or county) (State) <b>Near Coffman Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>C. H. Cozzen Farmington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2/14/1957</b>	26. REGISTRAR'S SIGNATURE <b>Luella Basler</b>

(Licensed Embalmer's Statement on Reverse Side)

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

300  
1-56

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.....  
*C. A. Cozian*  
Licensed Embalmer No. .... 40

P. O. Address.....  
*Farmington*

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