

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18379
STATE FILE NUMBER

FILED JUN 11 1957

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 169

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY <u>St. Francois Co.</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Francois Twp.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Francois Twp.</u>		OR TOWN <u>Farmington, Mo. Rural</u>		c. CITY OR TOWN <u>Farmington</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD#1</u>		Length of stay in 1b		d. STREET ADDRESS <u>RFD#1</u>		(If outside, give location) <u>0940</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year			
First <u>Alice</u>		Middle <u>L.</u>		Last <u>Miller</u>		<u>June 2 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 3, 1890</u>			
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lin., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Gabriel Joseph</u>				14. MOTHER'S MAIDEN NAME <u>Un-known</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. <u>Unknown</u>		17. INFORMANT <u>Chas. Miller Farmington, Mo.</u> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Concurrence of both Breast</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>170.X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>			
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 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 <u>April 1957</u> to <u>June 2, 1957</u> and last saw her alive on <u>May 14, 1957</u> Death occurred at <u>3:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>L. M. Steinfeld</u>				22b. ADDRESS <u>Farmington Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 5, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rockview Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>			
24. FUNERAL DIRECTOR <u>C.H. Cozart</u> ADDRESS <u>Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>June 3, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>					

Health, Welfare, Public Service
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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
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

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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 em-
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed
C. Cozeman

Licensed Embalmer No. 46

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.