

Health, & Welfare Public Service

FILED NOV 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35472
STATE FILE NUMBER
2000
Registrar's No. 1082

Registration District No. 128

Primary Registration District No.

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Seymour	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSZARKS HOMEOPATHIC HOSPITAL		d. STREET ADDRESS (If outside, give location) 128	
Length of stay in lb 2 days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jenny Middle William Last Miller			4. DATE OF DEATH Month 11 Day 6 Year '57		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-4-'57	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2 Days 2	IF UNDER 24 HRS. Hours 4 Min. 8
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD	10b. KIND OF BUSINESS OR INDUSTRY CHILD	11. BIRTHPLACE (City and state or country) Marshfield, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jenny Miller	13b. MOTHER'S MAIDEN NAME Nancy Cornelison	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. Bill Miller - Seymour, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 4 8 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7735		

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.)
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20c. TIME OF INJURY Hour 11:55 Month 11 Day 6 Year 1957 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield	COUNTY Greene	STATE MO
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21. I attended the deceased from 11-4-57 to 11-6-57 and last saw him live on 11:55 PM . Death occurred at 11:55 PM m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) A. Martiniello D.O.	22b. ADDRESS Springfield Mo	22c. DATE SIGNED 11-7-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-8-57	23c. NAME OF CEMETERY OR CREMATORY Seymour	23d. LOCATION (City, town, or county) (State) Webster Co Mo
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24. FUNERAL DIRECTOR Robert Bergman - Seymour Mo	ADDRESS Seymour Mo	25. DATE RECD. BY LOCAL REG. 11-8-57	26. REGISTRAR'S SIGNATURE Edith Williamson
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Max L. Maller*
472

Licensed Embalmer No.
P. O. Address *Manganu*

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.