

Health, & Welfare
Public
Service

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 576

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FREEMAN HOSPITAL		d. STREET ADDRESS (If outside, give location) 3014 E. 9TH ST.	

3. NAME OF DECEASED (Type or print) First HARRY Middle K. Last MILLER			4. DATE OF DEATH Month NOV. Day 25, Year 1957		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 30, 1900	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSULATION DEPT.	10b. KIND OF BUSINESS OR INDUSTRY EAGLE-PICHER CO.	11. BIRTHPLACE (City and state or country) SAGINAW, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME GEO. WILLIAM MILLER	13b. MOTHER'S MAIDEN NAME EDNA M. MERRETT	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.	17. INFORMANT MISS MARY MILLER, 3014 E. 9TH ST.	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) Cardiac Deкомпensation - Rheumatic Mitral Regurgitation (Moch)		INTERVAL BETWEEN ONSET AND DEATH Dysan.
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) Pneumonia, left lower lobe - Atrial Fibrillation - Aneurysmal Aortic		19. WAS AUTOPSY PERFORMED? 2 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.) 410X
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20c. TIME OF INJURY Hour _____ 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 JOPLIN, MISSOURI	COUNTY _____ STATE _____
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21. I attended the deceased from June 2, 1951 to NOVEMBER 25, 1957 and last saw ^{him} alive on NOVEMBER 25, 1957 Death occurred at 2:00 P 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) Sheerue K. K. K.	22b. ADDRESS 505 Emanuel Avenue Joplin Mo	22c. DATE SIGNED 11-27-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-27-57	23c. NAME OF CEMETERY OR CREMATORY SAGINAW CEMETERY	23d. LOCATION (City, town, or county) (State) SAGINAW, MISSOURI
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 12-4-1957	26. REGISTRAR'S SIGNATURE Dove Merriam
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(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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