

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004310

STATE FILE NUMBER

FILED FEB 17 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Chicago
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION C. N. H. #3		Length of stay in 1b 1 yr	d. STREET ADDRESS 45 111th St.,
3. NAME OF DECEASED (Type or print) First Louis Middle Frank Last Miller		4. DATE OF DEATH Month Feb. Day 13 Year 1958	
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 July 17, 1889
9. AGE (In years last bday) 68		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter,		10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.	11. BIRTHPLACE (City and state or country) Budapest, Hungary
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME John Miller	
14. MOTHER'S MAIDEN NAME Josephine Gottshur		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. XX		17. INFORMANT Address Frank Boblink, Kirkville, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute overwhelming toxemia			INTERVAL BETWEEN ONSET AND DEATH days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pyelonephritis & septicemia			weeks
DUE TO (c) Ascending urinary tract infection			unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 609X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 4:20 p. m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
21. I attended the deceased from Jan 16, 1958 to Feb. 13, 1958 and last saw him alive on Feb. 13, 1958 . Death occurred at 4:20 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George H. Schwan, D.O.		22b. ADDRESS Kirkville, Mo.	22c. DATE SIGNED 2-14-58
23a. BURIAL CREMATION Removal	23b. DATE 2/15/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	23d. LOCATION (City, town, or county) (State) Chicago, Illinois
24. FUNERAL DIRECTOR Paul M. [Signature]		ADDRESS Kirkville, Mo.	25. DATE RECD. BY LOCAL REG. 2-14-1958
		26. REGISTRAR'S SIGNATURE Doris W. [Signature]	

(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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

MAR 31 1958

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 *Richard R. Ellis*

Licensed Embalmer No. *50*

P. O. Address *Ferksville,*

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