

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010913
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hayti 781</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot County Memorial</u>		Length of stay in lb <u>3 days</u>	d. STREET ADDRESS (If outside give location) <u>508 South 5th</u>
3. NAME OF DECEASED (Type or print) First <u>Christopher Columbus</u> Middle <u>Miller</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>28</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 14, 1884</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Madisonville Ky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Issac Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Shanks</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie Lee Miller</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>) (If yes, give dates of service)	16. SOCIAL SECURITY NO. <u>442X</u>	17. INFORMANT Name <u>Mrs. Mattie Lee Miller</u> Address <u>Hayti, Mo</u>	
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>Hypertensive Cardio Renal Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8-10y</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)			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.) <u>2</u>		
20c. TIME OF INJURY Hour <u>12:08</u> Month <u>2-17-58</u> Day <u>27</u> Year <u>58</u> a.m. <u>A</u> p.m.			
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 <u>2-17-58</u> to <u>2-27-58</u> and last saw her alive on <u>2-27-58</u> Death occurred at <u>12:08 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Carol Waldwell MD</u> (Degree or title)	22b. ADDRESS <u>Hayti, Mo</u>	22c. DATE SIGNED <u>3-4-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>3-2-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Woodlawn</u>	23d. LOCATION (City, town, or county) (State) <u>Hayti, Missouri</u>
24. FUNERAL DIRECTOR <u>John W German</u> Address <u>Hayti, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>3-7-58</u>	26. REGISTRAR'S SIGNATURE <u>John W German</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

3-77-58

MAR 17 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARTHERSVILLE, MO.

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 *John H. German*
Licensed Embalmer No. *4355*
P. O. Address *Dayton, Mo*

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.