

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023024

STATE FILE NUMBER

FILED JUL 10 1958

Registration District No.

316

Primary Registration District No.

3059

Registrar's No.

254

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|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Potosi Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp | | Length of stay in 1b 2 Days | 1100 ⁰ STREET ADDRESS 403 Missouri (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Milder | | | 4. DATE OF DEATH Month June Day 26 Year 1958 |
| 5. SEX Female | 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 8/12/1949 |
| 9. AGE (In years last birthday) 8 | | FUNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Bonne Terre Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Cyril Milder | |
| 13b. MOTHER'S MAIDEN NAME Cartona Daugherty | | 14. NAME OF HUSBAND OR WIFE | |
| 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 Address Cartona Milder Potosi 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) Edema of lungs DUE TO (b) Inhalation of burning gasoline DUE TO (c) poison Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 36 hrs 9160 16 |
| 20a. ACCIDENT <input checked="" 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.) bag of gasoline was broken over and open flame in basement | | |
| 20c. TIME OF INJURY Hour 9 a.m. Month, Day, Year 6-26-58 | 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.) home | 20f. CITY, TOWN, OR LOCATION Potosi Washington Mo |
| 21. I attended the deceased from Death occurred at 9:30 pm on 6-26-58 to 6-26-58 and last saw her alive on 6-21-58 on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Wm W. [Signature] (Type or print) | | 22b. ADDRESS Bonne Terre Mo | 22c. DATE SIGNED 6-28-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 30/58 | 23c. NAME OF CEMETERY OR CREMATORY St. James Cemetery | 23d. LOCATION (City, town, or county) (State) Potosi Mo. |
| 24. FUNERAL DIRECTOR Arthur W. Smith | ADDRESS Potosi Mo | 25. DATE RECD. BY LOCAL REG. June 28, 1958 | 26. REGISTRAR'S SIGNATURE Ether Rudloff |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

OCT 6 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 *J. B. DeWitt*

Licensed Embalmer No. *4104*

P. O. Address *Delato 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.