

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041976

STATE FILE NUMBER

XC 17478554
SL 18299

318

1003

11485

FILED DEC 9 1958 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY 0360			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND BLVD.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN PACIFIC, MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL		Length of stay in lb 21 DAYS		d. STREET ADDRESS (If outside, give location) 314 SOUTH 2ND ST.	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle _____ Last MILLER			4. DATE OF DEATH Month NOV Day 27 Year 1958		
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-11-95	9. AGE (In years birthday) 62	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MAYFIELD, KENTUCKY	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM MILLER		13b. MOTHER'S MAIDEN NAME MARY VILLERY	
14. NAME OF HUSBAND OR WIFE ELLA MILLER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no unknown) (If yes, give year or dates of service) YES WW I		16. SOCIAL SECURITY NO. 703 01 2061	
17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS, 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) CIRCULATORY FAILURE			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) SUB-ACUTE BACTERIAL ENDOCARDITIS		DUE TO (c) RHEUMATIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 4 Days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FIBRINOUS, HEMORRHAGIC PERICARDITIS (6 Days)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m.		401.1			
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 COUNTY STATE	
21. attended the deceased from Death occurred at 11-6-58 10:40 AM		to 11-27-58 and last saw alive on 11-27-58		m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE V. A. Codiga		22b. ADDRESS M.D. VAH, ST LOUIS, MISSOURI		22c. DATE SIGNED 11-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/30/58		23c. NAME OF CEMETERY OR CREMATORY Pacific, Mo.	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR Atkins Bros.		25. DATE RECD. BY LOCAL REG. NOV 29 58	
26. REGISTRAR'S SIGNATURE J. Earl Smith - md					

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 K. Cunningham

Licensed Embalmer No. 4476

P.O. Address 2105 Marcus

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.