

Dr. Glenn

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000992

STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BERRY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CASSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in 1b 2 Mo.	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN JULIAN MILLER			4. DATE OF DEATH Month Day Year JAN. 2 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 13 1895	9. AGE (In years last birthday) 63	F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST		10b. KIND OF BUSINESS OR INDUSTRY DRUG CO.	11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HAL MILLER		13b. MOTHER'S MAIDEN NAME CLARA HOUT		14. NAME OF HUSBAND OR WIFE GENEVA W. MILLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state unknown) (If yes, give year or dates of service) YES W.W. # 1		16. SOCIAL SECURITY NO. 497-40-7895	17. INFORMANT Address MRS. JOHN J. MILLER CASSVILLE, 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) <u>Acute Disseminated Lupus Erythematosus</u>					INTERVAL BETWEEN ONSET AND DEATH 2 Mo.
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) 456X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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.					
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. I attended the deceased from <u>7-6-50</u> , to XXX <u>1-2-59</u> and last saw her alive on <u>Jan 1, 1959</u> Death occurred at <u>4:45 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>E. E. Glenn</u> (Degree or title)			22b. ADDRESS M.D. 609 Cherry-Springfield, Mo.		22c. DATE SIGNED 1-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/5/59	23c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY		23d. LOCATION (City, town, or county) (State) CARTHAGE, MISSOURI	
24. FUNERAL DIRECTOR ULMER FUNERAL HOME CARTHAGE, MO.		ADDRESS 1-5-59	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS MAR 29 1960

JAN 19 19

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 *[Handwritten Signature]*

Licensed Embalmer No. *4955*

P. O. Address *[Handwritten Address]*

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.