

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019444
STATE FILE NUMBER

Registration District No. 4394

FILED MAY 18 1959

Registration District No. Primary Registration District No.

Registration No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R To City Hosp. 33yrs.		d. STREET ADDRESS (If outside, give location) 4038 Chouteau	
3. NAME OF DECEASED (Type or print) First Middle Last THEODORE F. MILLER		4. DATE OF DEATH Month Day Year MAY 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 8/25/1912
10a. USUAL OCCUPATION (Give kind of work done during the year of reporting life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Unemployed	9. AGE (In years last birthday) 46
11. BIRTHPLACE (City and state or country) Bourbon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Eli Miller		13b. MOTHER'S MAIDEN NAME Laura Hodges	
14. NAME OF HUSBAND OR WIFE Dorothy		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 Dorothy Miller, 4038 Chouteau	
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>Cancer of Neck</u> 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) 199.1			INTERVAL BETWEEN ONSET AND DEATH
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 <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 _____ to _____ and last saw her/him alive on _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert S. McLaughlin</i>		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 5/5/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 5, 1959	
23c. NAME OF CEMETERY OR CREMATORY Hodges Cemetery		23d. LOCATION (City, town, or county) (State) Bourbon, Missouri	
24. FUNERAL DIRECTOR McLAUGHLIN'S, 2301 Lafayette Ave.		25. DATE REG. BY LOOKING UP MAY 5 59	
26. REGISTRAR'S SIGNATURE <i>Neal Smith, M.D.</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James R. Chapman*

Licensed Embalmer No. *4550*

P. O. Address *St. Louis, 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.