

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022587

JUL 14 1959
316

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 270

STATE FILE NUMBER

| | | | | | | | | | | | | | |
|---|--|---|--|---|---|--|---|--|---|--|--|----------------|--|
| 1. PLACE OF DEATH a. COUNTY St. Francois | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Missouri b. COUNTY St. Francois | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre, Mo | | Length of stay in 1b 14 Days | | c. CITY OR TOWN Bonne Terre, Mo. | | 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 Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Desoto Rd | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Hugh Miller | | | | 4. DATE OF DEATH Month Day Year July 6 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 9/2/1882 | | 9. AGE (last birthday) 76 | | IF UNDER 1 YEAR Months Days Hours Min. 10 4 | | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Foreman | | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | | | 11. BIRTHPLACE (City and state or country) Sullivan, Mo. | | | 12. CITIZEN OF WHAT COUNTRY USA | | | | |
| 13a. FATHER'S NAME David Franklin Miller | | | | 13b. MOTHER'S MAIDEN NAME Susan Blanton | | | | 14. NAME OF HUSBAND OR WIFE Ethel Miller | | | | | |
| 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. 702-16-6620 | | 17. INFORMANT Address Robert Miller, Platten, 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) adenocarcinoma of pancreas 10 months Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 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. | | | | | | | | | | | | | |
| 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 Sept. 18, 1958 to July 6, 1959 and last saw him alive on July 6, 1959 Death occurred at 5:30 P. on the date stated above, and to the best of my knowledge from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Maxwin J. Haw, Jr. M.D. | | | | 22b. ADDRESS Bonne Terre, Mo. | | | | 22c. DATE SIGNED 7/9/59 | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7/9/59 | | 23c. NAME OF CEMETERY OR CREMATORY St. Francois Mem Park | | | 23d. LOCATION (City, town, or county) Bonne Terre, Mo. RR #1 | | | (State) | | | |
| 24. FUNERAL DIRECTOR ADDRESS Sparks Funeral Home, Bonne Terre, Mo. | | | | 25. DATE RECD. BY LOCAL REG. July 9, 1959 | | 26. REGISTRAR'S SIGNATURE Esther Rudloff | | | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 8 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John N. Shigma
Licensed Embalmer No. 4881
P. O. Address Bismuck

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.