

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022622

STATE FILE NUMBER

FILED JUN 16 1959

Registration District No. 316

Primary Registration District No.

Registrar's No. 222

300
1-57

1. PLACE OF DEATH a. COUNTY St. Francois			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence <input checked="" type="checkbox"/> Institution <input type="checkbox"/> a. STATE Missouri b. COUNTY St. Francois		
b. CITY: (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twns.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Farmington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 617 Yale		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Orville Middle Nowman Last Miller			4. DATE OF DEATH Month June Day 5 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2, 1908	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines		11. BIRTHPLACE (City and state or country) Mino La Lotto, Missouri	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Benjamin F. Miller		13b. MOTHER'S MAIDEN NAME Mary Ellen Montroy	
14. NAME OF HUSBAND OR WIFE Esther 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. 499-01-0041	
17. INFORMANT Nowman Miller		Address Fredricktown, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound in head					INTERVAL BETWEEN ONSET AND DEATH
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) 976X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot with 22 caliber gun in head			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		self inflicted			
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.) Miner's home		20f. CITY, TOWN, OR LOCATION Farmington St. Francois Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Bert J. Miller (Degree or title) 3			22b. ADDRESS Coronet Farmington, Mo		22c. DATE SIGNED 6/6/59
23a. BURIAL, CREMATION, REPOSS. (Specify)		23b. DATE 6/8/59		23c. NAME OF CEMETERY OR CREMATORY Christian Comotory	
23d. LOCATION (City, town, or county) Libertyville, Missouri		(State)			
24. FUNERAL DIRECTOR Miller Funeral Home		ADDRESS Farmington, Mo.		25. DATE RECD. BY LOCAL REG. June 6, 1959	
26. REGISTRAR'S SIGNATURE Esther Rudloff					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Paul H. Dugal* _____

Licensed Embalmer No. *4120* _____

P. O. Address *Farmington, Conn. N.*

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.