No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30447

State File No.

FILED SEP 10 1952

BIRTH NO. REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6080 Registrar's No. 44

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Ste Genevieve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural saline
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Ste Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural saline 0950
d. STREET ADDRESS (If rural, give location): near Coffman

3. NAME OF DECEASED (Type or Print)
a. (First): Daniel
b. (Middle): Miller
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Aug 30 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb 1 1880
9. AGE (In years last birthday): 72 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Iron County Mo 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Miller
13b. MOTHER'S MAIDEN NAME: Elizabeth Sommer
14. NAME OF HUSBAND OR WIFE: Rosella Merritt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Dan Miller Farmington rt 3 Mo — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3-4 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive heart failure — 2 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4341
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1944, *to* Sept 1st, 1952, *that I last saw the deceased alive on* Aug 30, 1952, *and that death occurred at* 10 30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Reynierse DO.
23b. ADDRESS: Farmington
23c. DATE SIGNED: 9-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Sept 3 1952
24c. NAME OF CEMETERY OR CREMATORY: Russell Chapel Cem
24d. LOCATION (City, town, or county) (State): near Bonne Terre Mo.

DATE REC'D BY LOCAL REG.: 9-4-52
REGISTRAR'S SIGNATURE: Teresa M. Karl Dep. JSC
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. H. Cozean Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed C H Cozzens

Licensed Embalmer No. 4084

P. O. Address Farmington Me.

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 this body is not embalmed, fact should be so stated above.