

STANDARD CERTIFICATE OF DEATH

FILED APR 11 1955

State File No. 9957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2894

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Tamms	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		STREET ADDRESS (If rural, give location) 8120	
3. NAME OF DECEASED (Type or Print) a. (First) CYRENUS b. (Middle) c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) Mar 30 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 18, 1873
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY G.M.O. R.R.	11. BIRTHPLACE (City and State or Foreign Country) Springville, Illinois,
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Paul Miller	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No.		16. SOCIAL SECURITY NO. Nil.	
17. INFORMANT'S SIGNATURE OR NAME Owen Miller,		ADDRESS 3213 Eads Ave.	
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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Heart Disease DUE TO (c) Congestive Heart Failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia	
INTERVAL BETWEEN ONSET AND DEATH Sudden many years 4 days 5 days		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
22. I hereby certify that I attended the deceased from Mar 28 , 1955, to March 29 , 1955, that I last saw the deceased alive on May 29, 1955 , and that death occurred at 6 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Paul E. Hasto M.D. (Degree or title)		23b. ADDRESS 4909 TudeneWood	
23c. DATE SIGNED 3/30/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-30-55		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	
24d. LOCATION (City, town, or county) (State) Dongola, Illinois,		DATE REC'D BY LOCAL REG. MAR 30 1955	
REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
ADDRESS 4700 Washington.			

mxb

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 *J W M Binkley*

Licensed Embalmer No. *3653*

P. O. Address *St Louis 8*

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.