

Health, Welfare
Public
Service

300
1-56

All diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21612
STATE FILE NUMBER

61351-57 Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 135 S MINE LAMMIE			Length of stay in lb	d. STREET ADDRESS			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last INFANT MILLER			4. DATE OF DEATH Month Day Year AUG. 28 1956					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH AUG 28 1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 HRS. 18		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) FREDERICKTOWN MO		12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME CHARLES MILLER				14. MOTHER'S MAIDEN NAME MILDRED STEVENS				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address CHARLES MILLER ANNAPOLIS MD				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature Birth (Gestation 29 wks) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Birth weight, 1 lb 14 oz. DUE TO (c) Uterine Bleeding. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 14 min Weeks	
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 a. m. p. m. Month, Day, Year								
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 Aug 28, 1956 , to same date and last saw ^{her} him alive on Aug. 28, '56 Death occurred at 9:54 ^p m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Charles E. Michaelis M.D.				22b. ADDRESS 135 S Mincha Motte, Fredericktown Mo		22c. DATE SIGNED Aug 31, 1956		
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		STATE		
BURIAL	8-29-56	GREENS CHAPEL		MADISON Co.		MO.		
24. FUNERAL DIRECTOR F. V. Anderson			ADDRESS FREDERICKTOWN		25. DATE RECD. BY LOCAL REG. 9-6-1956	26. REGISTRAR'S SIGNATURE Florence Dickel		

(Licensed Embalmer's Statement on Reverse Side)

ADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MD.

RECEIVED
SEP 10 1956

FILE No. 926-39

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 Mat Embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond Wilson

Licensed Embalmer No. 48

P. O. Address Fred...

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