

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40944
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 201

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lebanon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Lebanon</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wallace Hosp.</u>		Length of stay in lb <u>4 days</u>	d. STREET ADDRESS (If outside, give location) <u>364 No. Jefferson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>E</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>2</u> Year <u>1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 23 1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>	11. BIRTHPLACE (City and state or country) <u>Laclede Co., Mo.</u>
13a. FATHER'S NAME <u>Geo. H. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Light</u>	14. NAME OF HUSBAND OR WIFE <u>Eythe Miller</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-42-6006</u>	17. INFORMANT Address <u>Mrs. F. E. Miller Lebanon Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>1 SW Left Chest - Destruction left diaphragm. Perforated colon</u> DUE TO (b) <u>Ruptured Spleen</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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) <u>while hunting on farm - climbing into fence and accidentally discharged</u>		
20c. TIME OF INJURY <u>12:30 p.m. Nov 28 1957</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Laclede Mo.</u>		
21. I attended the deceased from <u>11-28-57</u> to <u>12-1-57</u> and last saw him alive on <u>Dec 5 7</u> Death occurred at <u>7:25</u> 8:00 <u>am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul A. Jenkins MD</u> (Degree or title)		22b. ADDRESS <u>Lebanon Mo.</u>	22c. DATE SIGNED <u>12/3/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/4/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Rose Mem.</u>	23d. LOCATION (City, town, or county) (State) <u>Laclede Co., Mo.</u>
24. FUNERAL DIRECTOR <u>S. R. Palmer Lebanon Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-4-1957</u>	26. REGISTRAR'S SIGNATURE <u>Hilda L. Gray</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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AUG 14 1958

OCT 1 1958

Received 12-9-57
Laclede County Health Unit
File No. 201
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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 S. R. Palmer.....

Licensed Embalmer No. 220 V.....

P. O. Address St. Louis, Mo.....

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.