

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014889
State File No.

FILED MAY 13 1958

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 30

0570

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln <i>0570</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		c. LENGTH OF STAY (in this place) life	c. CITY OR TOWN Elsberry
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. - South Fifth Street		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
7. STREET ADDRESS South Fifth Street		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Everett	b. (Middle) Newton	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) May 5, 1958
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 25, 1917	9. AGE (in years last birthday) 40	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and State or Foreign Country) Elsberry, Missouri <i>0</i>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Franklin Miller	13b. MOTHER'S MAIDEN NAME Genetta Rayfield	14. NAME OF HUSBAND OR WIFE Harriet Miller (nee Powers)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War Two	16. SOCIAL SECURITY NO. 499-05-3334	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Everett Miller - Elsberry, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma (right lung)		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>1621</i>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 2, 1957**, to **May 5, 1958**, that I last saw the deceased alive on **May 5, 1958**, and that death occurred at **4:02 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Robert M. Hull, M.D. (Degree or title)	23b. ADDRESS Elsberry Mo	23c. DATE SIGNED May 5 1958
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-7-58	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Elsberry, Missouri
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DATE REC'D BY LOCAL REG. 5/10/1958	REGISTRAR'S SIGNATURE Mrs. Clarence Kientzy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ricks Funeral Home - Elsberry, Mo.
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4550

JUN 20 1958

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 *Chasberry*

Licensed Embalmer No. 401

P. O. Address *Chasberry*

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.