Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030763
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7590

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LUKES HOSP. — Length of stay in 1b: 32

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: MADISON
c. CITY OR TOWN: GRANITE CITY 8120 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2288 GARY AVENUE — Reside on Farm Yes ☐ No ☐ — 32

3. NAME OF DECEASED (Type or print): First HARRY Middle W. Last MINER SR.
4. DATE OF DEATH: Month 8 Day 4 Year 1958
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 1-22-1890
9. AGE (In years last birthday): 68 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: MINER POULTRY
11. BIRTHPLACE (City and state or country): ATWOOD, KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: HARDIN W. MINER
14. MOTHER'S MAIDEN NAME: MARTHA TURNER
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.: 330-28-2342
17. INFORMANT: Charlotte Miner — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cancer of Rt Lung
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): 163X
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 10 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Aneurysm of Aorta — but did not contribute to death
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 August 1, to August 4 '58 and last saw ~~not~~ him alive on August 3 '58
Death occurred at 4:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James W. Hutchinson M.D. (Degree or title)
22b. ADDRESS: 114 No Taylor
22c. DATE SIGNED: 8/4/58

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 8-4-1958
23c. NAME OF CEMETERY OR CREMATORY: SUNSET HILL
23d. LOCATION (City, town, or county) (State): EDWARDSVILLE, ILLINOIS

24. FUNERAL DIRECTOR: Frank Mercer — ADDRESS: Granite City, Ill
25. DATE RECD. BY LOCAL REG.: AUG 4 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith MD

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Mere

Licensed Embalmer No. 29

P. O. Address Granite

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