

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033574

STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 226 Primary Registration District No. 4337 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Madison		c. CITY OR TOWN Madison	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION XXXXXX XXX		Length of stay in 1b XXX	d. STREET ADDRESS (If outside, give location) XXXXXXXXX

3. NAME OF DECEASED (Type or print) First Lillie Middle Ann Last Miller			4. DATE OF DEATH Month 8 Day 31 Year 1958	
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/9/1865	9. AGE (In years birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home making	10b. KIND OF BUSINESS OR INDUSTRY home making	11. BIRTHPLACE (City and state or country) Mt Sterling, Ill	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sam Briscoe	13b. MOTHER'S MAIDEN NAME Mary Cater	14. NAME OF HUSBAND OR WIFE Wm Penn Miller
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs Mark Willis Madison, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH MI
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) arteriosclerosis	
	DUE TO (c) 4221	
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 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Aug 2 56 to Aug 20 58 and last saw her alive on Aug 20 58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm M. Bagville MD	22b. ADDRESS XXXXXX	22c. DATE SIGNED 9/2/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/2/1958	23c. NAME OF CEMETERY OR CREMATORY Middle Grove	23d. LOCATION (City, town, or county) (State) Middle Grove, Missouri
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24. FUNERAL DIRECTOR Fred A Thompson	ADDRESS Madison, Missouri	25. DATE RECD. BY LOCAL REG. 9-8-58	26. REGISTRAR'S SIGNATURE E. L. Robertson
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1-57

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 *Mrs. Fred A. Kemp*

Licensed Embalmer No. 3282

P. O. Address Madison, Miss

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.