Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043621
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 167

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Boonville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph's Hosp. — Length of stay in Ib 2 mon

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville 0272 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 315 Walnut — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CLARENCE Middle HENRY Last MILLER
4. DATE OF DEATH Month Dec. Day 16 Year 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH Aug. 22, 1896
9. AGE (In years last birthday) 62 — 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) Pharmacist
10b. KIND OF BUSINESS OR INDUSTRY Drug
11. BIRTHPLACE (City and state or country) Boonville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Miller
13b. MOTHER'S MAIDEN NAME Kathryn Berster
14. NAME OF HUSBAND OR WIFE Nadine Burger Miller
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. unknown
17. INFORMANT Marilyn Miller Address Boonville, Mo.

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) CARCINOMA OF PANCREAS WITH METASTASIS — INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CHOLECYSTOJEJUNOSTOMY 157 K
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 SEPT. 15, 1958 to DEC. 16, 1958 and last saw him alive on DEC. 16, 1958
Death occurred at 7:50 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. Wear, MD (Degree or title)
22b. ADDRESS 329 Main St., Boonville, Mo
22c. DATE SIGNED 12/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 12/19/58
23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul's Cem.
23d. LOCATION (City, town, or county) (State) Boonville, Mo.

24. FUNERAL DIRECTOR B. W. Thacher ADDRESS Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 12/18/58
26. REGISTRAR'S SIGNATURE D. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Berry W. Fischer

Licensed Embalmer No. 3944

P. O. Address Boonville

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.