

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045103

STATE FILE NUMBER

FILED JAN 15 1959

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 137

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Perry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 509 Grand Ave		Length of stay in lb 10 Years	d. STREET ADDRESS (If outside, give location) 509 Grand Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HENRY Middle J Last MILLER			4. DATE OF DEATH Month Dec Day 26 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 6, 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ste. Genevieve Co.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Harrison Miller		13b. MOTHER'S MAIDEN NAME Cecelia Boarman		14. NAME OF HUSBAND OR WIFE Mellissie Rimbach	
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 Alphonse Hotop Address Perryville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extreme weakness and anemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic lymphocytic leukemia DUE TO (c) Unknown 2040. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute and Chronic glomerulonephritis					INTERVAL BETWEEN ONSET AND DEATH 2 weeks
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.)			
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	
21. I attended the deceased from 10/27/58 to 12/26/58 and last saw him alive on 12/26/58 Death occurred at 12/26/58 9:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE G. E. McDermott, MD (Degree or title)			22b. ADDRESS Perryville, Mo		22c. DATE SIGNED 12/29/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery		23d. LOCATION (City, town, or county) (State) Minnith Missouri
24. FUNERAL DIRECTOR Young & Sons Perryville, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-3-59		26. REGISTRAR'S SIGNATURE Joseph Zollner

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.

