

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022221

STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 56

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>California, Missouri</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Russellville, Mo</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Latham Hospital</b>		Length of stay in lb <b>24 days</b>	STREET ADDRESS (If outside, give location) <b>200</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Frederick William Miller</b>			4. DATE OF DEATH Month Day Year <b>May 29, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 2, 1884</b>		9. AGE (In years) 1 year (birth day) <b>7 1/2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired druggist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Pleasant Grove, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>Copper Co. U. S.</b>
13a. FATHER'S NAME <b>J. H. Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Eder</b>		14. NAME OF HUSBAND OR WIFE <b>Christine, Miller</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-38-1116</b>		17. INFORMANT Address <b>Virginia Miller, Russellville, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Generalized Arterio-Sclerosis</b>				<b>5 years.</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)				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.)		
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 <b>5-5-59</b> to <b>May 29, 1959</b> and last saw her alive on <b>May 29, 1959</b> Death occurred at <b>7:30 p.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Kennan Latham M.D.</b>		(Degree or title)		22b. ADDRESS <b>California, Mo</b>	
22c. DATE SIGNED <b>5-29-59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 1, 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Lutheran</b>	
				23d. LOCATION (City, town, or county) (State) <b>California, Mo</b>	
24. FUNERAL DIRECTOR <b>Hugo H. Schubert</b>			ADDRESS <b>Russellville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-30-59</b>
			26. REGISTRAR'S SIGNATURE <b>H. L. Popejoy</b>		

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Nugent Schubert* .....

Licensed Embalmer No. *2820* .....

P. O. Address *Russellville Mo* .....

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.