

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034993

FILED VS OCT 2 1959 362

Registration District No. \_\_\_\_\_ Primary Registration District No. 4531 Registrar's No. 48

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrenton</b>	Length of stay in 1b <b>7 months</b>	c. CITY OR TOWN <b>Marthasville</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katie Jane Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural Route</b>

3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Elizabeth</b> Last <b>Miller</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>21</b> Year <b>1959</b>			
5. SEX <b>Female</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>1-16-1871</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (City and state or country) <b>Calhoun County, Ill.</b>		
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Schlieper</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah York Grover</b>		
14. NAME OF HUSBAND OR WIFE <b>Wm. T. Miller, decd.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		
17. INFORMANT Address <b>R.R.</b> <b>Mrs. M. H. Begemann, Marthasville, 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>Pneumonia Bacterial Hypostatic</b> DUE TO (b) <b>Bacterial meningitis &amp; stroke</b> DUE TO (c) <b>Heart disease &amp; pneumonia</b> 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 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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 <b>Warrenton Mo</b>
20g. COUNTY <b>Warren</b>		20h. STATE <b>Mo</b>		21. I attended the deceased from <b>2-27-59</b> to <b>9-21-59</b> and last saw her/him alive on <b>9-18-59</b> Death occurred at <b>5:15</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <i>[Address]</i>		22c. DATE SIGNED <b>9-22-59</b>		

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-23-59</b>	23c. NAME OF CEMETERY <b>St. Johns E&amp;R Church</b>		23d. LOCATION (City, town, or county) (State) <b>Warren County, Mo.</b>	
24. FUNERAL DIRECTOR <b>F. W. Nieburg &amp; Co., Warrenton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 22, 1959</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*John J. Lieburg*

Licensed Embalmer No.

3897

P. O. Address

Warrenton

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.