

securing the medical certification in the specific manner required by regulations of the State Board of Health, 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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11716

FILED APR 1 - 1957

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 6081 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Sta. Genevieve Co.</u> <u>0950</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Sta. Genevieve Co.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Near Pleasant Hill</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			c. CITY OR TOWN <u>Near Pleasant Hill</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Union Twp.</u> Length of stay in 1b <u>1</u>			d. STREET ADDRESS <u>0950</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Halter</u> Middle <u>Daniel</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>3</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR HAIR <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 26, 1882</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Near Copenhagen Settlement, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>William F. Miller</u>			14. MOTHER'S MAIDEN NAME <u>Clara Zimmer</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Mrs. Walter D. Miller Pleasant Hill Rt.</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) <u>Arteriosclerosis: Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Senility</u> DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4200</u>					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 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 COUNTY STATE	
21. I attended the deceased from <u>July 1955</u> to <u>Mar 20, 1957</u> and last saw <sup>her</sup> <del>him</del> alive on <u>Mar. 20, 1957</u> Death occurred at <u>10 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Robert A. Hucksley M.D.</u>			22b. ADDRESS. <u>Farmington, Mo</u>		22c. DATE SIGNED <u>3/27/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Mar. 24, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Luthern Cemetary</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>
24. FUNERAL DIRECTOR <u>C.H. Cozean Farmington, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>March 27, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Lusille Basler</u>	

VS SEP 28 1959

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.....  
Licensed Embalmer No. 40

P. O. Address.....  
Farmington

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.