

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

53

Registration District No. 3010

Primary Registration District No.

345

-60-029865

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cape Girardeau</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		Length of stay in 1b <i>4 days</i>		c. CITY OR TOWN <i>Jackson</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Southeast Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>421 Greenferry R</i>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>THOMAS EVERET MILLER</i>				4. DATE OF DEATH Month Day Year <i>August 24-1960</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Mar 14, 1891</i>	9. AGE (last birthday) <i>69</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Stock Raising</i>		11. BIRTHPLACE (City and state or country) <i>Oak Ridge</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>John H. Miller</i>			13b. MOTHER'S MAIDEN NAME <i>Albe Lides Miller</i>		14. NAME OF HUSBAND OR WIFE <i>Hester Dalton Miller</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes war I</i>			16. SOCIAL SECURITY NO. <i>442-42-0393</i>		17. INFORMANT Address <i>Hester Dalton Miller Jackson Mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			<i>Coronary thrombosis</i>				<i>20 mins</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <i>Coronary artery sclerosis</i>				<i>6 mos.</i>
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Severe anemia.</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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		COUNTY	STATE
21. I attended the deceased from <i>8-11-60</i> and last saw him alive on <i>Aug 24, 1960</i> . Death occurred at <i>6:30 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. N. Jaeger, M.D.</i>				22b. ADDRESS <i>Jackson, Mo</i>		22c. DATE SIGNED <i>Aug 26, 1960</i>	
23a. BURIAL, CREMATION, RECOVAL (Specify)	23b. DATE <i>August 26, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Russell Heights</i>		23d. LOCATION (City, town, or county) (State) <i>Jackson Mo</i>			
24. FUNERAL DIRECTOR <i>W. Miller Jackson Mo</i>		ADDRESS		25. DATE RECD. BY LOGAL REG. <i>8-31-60</i>	26. REGISTRAR'S SIGNATURE <i>Hester Dalton</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 6 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *G. C. Crompt*

Licensed Embalmer No. 4327

P. O. Address *Fairham, Va.*

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.