

DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-024952

FILED VS JUL 23 1959

Registration District No. 44 Primary Registration District No. 4236 Registrar's No. 66

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY IRON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY IRON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DES ARC		Length of stay in 1b		c. CITY OR TOWN DES ARC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CICERO MILLER				4. DATE OF DEATH Month JULY Day 11 Year 1959			
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 11/26/1883	9. AGE (last birthday) 75	10. UNDER 1 YEAR Months 7 Days 15		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - TIMBER		10b. KIND OF BUSINESS OR INDUSTRY FARM - TIMBER		11. BIRTHPLACE (City and state or country) MINIMUM		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME EDWARD W. MILLER		13b. MOTHER'S MAIDEN NAME DIZIANA SEAL		14. NAME OF HUSBAND OR WIFE FRANCES MILLER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 486-32-7326		17. INFORMANT FRANCES MILLER		Address DES. ARC 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) prostatic carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) 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						INTERVAL BETWEEN ONSET AND DEATH	
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 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 1958 , to 7/13/59 and last saw her alive on 7/6/59 Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. J. H. H. H. (Degree or title)				22b. ADDRESS Piedmont, Mo.		22c. DATE SIGNED 7/13/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7-14-1959		23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEM.		23d. LOCATION (City, town, or county) NEAR IRONTON, Mo.	
24. FUNERAL DIRECTOR GISH FUNERAL HOME ADDRESS 				25. DATE RECD. BY LOCAL REG. 7-14-59		26. REGISTRAR'S SIGNATURE Mrs. A. J. H.	

PIEDMONT, MO.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 2 8 708

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 *Me*, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Marvin E. Bowler*

Licensed Embalmer No. 442

P. O. Address *Redman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.