

FILED JUN 26 1957

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 83

| | | | | | |
|--|-------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Barry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett | | c. CITY OR TOWN Monett | | | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 811 3rd St. | | d. STREET ADDRESS (If outside, give location) 811 3rd St. | | | |
| Length of stay in lb 52 Yrs. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last FRANK TILFORD MILLER | | | 4. DATE OF DEATH Month Day Year June 17, 1957 | | |
| 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 Nov. 22, 1904 | | |
| 9. AGE (In years last birthday) 52 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Frisco Railroad Fireman | 11. BIRTHPLACE (City and state or county) Lawrence County, Mo. | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME William Miller | | | |
| 13b. MOTHER'S MAIDEN NAME Myrtle Rundel | | 14. NAME OF HUSBAND OR WIFE Ruth Miller | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 715-10-4376 | | | |
| 17. INFORMANT Address Mrs. Ruth Miller Monett, 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) Pericardial Creases and Calcification Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic coronary insufficiency DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201 | | INTERVAL BETWEEN ONSET AND DEATH Five minutes 5 yrs. | |
| 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 _____ to _____ and last saw him dead June 17, '57 Death occurred at about 7:00 am on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Robert H. Doolley M.D. | | 22b. ADDRESS Monett, Mo. | | | |
| 22c. DATE SIGNED 6-21-57 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | |
| 23b. DATE 6/20/57 | | 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. | | | |
| 23d. LOCATION (City, town, or county) Monett, Missouri | | (State) | | | |
| 24. FUNERAL DIRECTOR J. D. Buchanan | | ADDRESS Monett, Mo. | | | |
| 25. DATE RECD. BY LOCAL REG. 6-22-57 | | 26. REGISTRAR'S SIGNATURE Mrs. P. N. Cook | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

**HARRY COUNTY HEALTH UNIT
CASSVILLE, MO.**

NO. 657-103

DATE REC. 6-24-57

JUL 1 1957

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 J. D. Buchanan

Licensed Embalmer No. 3179
P. O. Address Monett, 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.