

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010684
State File No.

FILED MAR 24 1958

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>200</u> | | PRIMARY REG. DIST. NO. <u>4311</u> | | Registrar's No. <u>58</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u> | | | |
| b. CITY OR TOWN <u>Callao</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>Callao</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) <u>0610</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> | | b. (Middle) | | c. (Last) <u>MILLER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-4-58</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>1-29-1907</u> | |
| 9. AGE (In years last birthday) <u>57</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Brush Shaver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Shaving</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Macon Mo</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Thomas J. Miller</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anne Coak</u> | | 14. NAME OF HUSBAND OR WIFE <u>Grace M. Miller</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>390-03-9037</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Grace M. Miller</u> | | ADDRESS <u>Callao</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pelvic Sarcoma</u> | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | | |
| | | DUE TO (b) _____ | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>2</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan.</u> , 1957, to <u>3/4</u> , 1958, that I last saw the deceased alive on <u>3/4</u> , 1958, and that death occurred at <u>6:20 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Deputy or Title) <u>Keith M. Reely</u> | | | | 23b. ADDRESS <u>Macon, Missouri</u> | | 23c. DATE SIGNED <u>3/8/58</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-7-58</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>3/12/58</u> | | REGISTRAR'S SIGNATURE <u>Keith M. Reely</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. G. Edwards</u> | | ADDRESS <u>Reeds Mo</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 25 1958

8561 JUN 2 1958

County File No. 358188
Date Filed 3.21.58

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. G. Edwards*.....

Licensed Embalmer No. 196.....

P. O. Address *Bewis W*.....

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.