

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020764  
STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kirksville</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Shelbina</b> 1020 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Laughlin Hosp.</b>		Length of stay in lb <b>6 weeks</b>	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) <b>Frederik Miller</b>			4. DATE OF DEATH Month Day Year <b>June 13, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 19, 1875</b>
9. AGE (In years last birthday) Months Days Hours Min. <b>83 2 24</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>83 2 24</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Dealer</b>	11. BIRTHPLACE (City and state or country) <b>Shelbina Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Charles Miller</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Givan</b>		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>468-38-6406 A</b>	17. INFORMANT <b>Mrs. Roselle Humphry - Enid</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>senile changes</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b> <b>unknown</b> <b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 <b>June 1, 1958</b> to <b>June 13, 1958</b> and last saw him alive on <b>June 13, 1958</b> Death occurred at <b>2:25 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jack A. Carter, M.D.</i>		22b. ADDRESS <b>Laughlin Hospital</b>	22c. DATE SIGNED <b>6-20-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 16, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Odd Fellows Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>
24. FUNERAL DIRECTOR <b>Barkelaw-Davis - Shelbina, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-21-58</b>	26. REGISTRAR'S SIGNATURE <i>Doris W. Rattiff</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8561 0-8 NNC  
JUN 3-0 1958

1958

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 John F. Byrd, Student Embalmer No. 554 working under my personal supervision.

Student

John F. Byrd  
Signature of Student Embalmer

Signed

Henry A. Barkley

Licensed Embalmer No. 3835-

P. O. Address Stellman

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.