

Health, Welfare  
Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018302  
STATE FILE NUMBER

FILED MAY 13 1959

Registration District No. 173 Primary Registration District No. 427-3 Registrar's No. 29

300  
-57

BY AFFIDAVIT OF Juror's District  
5-18-59  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CRAWFORD</b>		
b. CITY (If outside corporate limits) give TOWNSHIP only OR TOWN <b>FREEDOM</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Bourbon</b> <b>0280</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 Mi. W. Concordia, Mo</b>		Length of stay in lb <b>30 Min</b>	d. STREET ADDRESS (If outside, give location) <b>3 Mi SOUTH</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BOBBY</b> Middle <b>RAYMOND</b> Last <b>MILLER</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>2</b> Year <b>1959</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</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>OCT 8 1935</b>		9. AGE (In years last birthday) <b>23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FACTORY</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTO PARTS</b>	11. BIRTHPLACE (City and state or country) <b>Bourbon, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>
12a. FATHER'S NAME <b>RAYMOND E. MILLER</b>		13b. MOTHER'S MAIDEN NAME <b>EDNA LEE RECORD</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES July 1954 to June 12 1959</b>		16. SOCIAL SECURITY NO. <b>491-38-7832</b>		17. INFORMANT Address <b>CHARLES LAWSON COFFMAN Bourbon, Mo</b>	
48. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Strangulation</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>The deceased was a passenger in a motor car which was wrecked on the 40 highway</b> DUE TO (c) <b>The deceased's head was caught when it passed through the rear glass of the car.</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not refer to the terminal disease condition given in PART I (a)) <b>The rear glass of the car.</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Motor car wreck due to blow out of rear tire</b>			
20c. TIME OF INJURY <b>1:30 p.m. May 2-1959</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>No 40 highway</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Concordia Lafayette</b>		STATE <b>MO</b>	
21. I attended the deceased from <b>never</b> to <b>never</b> and last saw her alive on <b>Dead when examined</b> Death occurred at <b>1:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W. Marten MD</b> (Degree or title) <b>Coroner 3</b>			22b. ADDRESS <b>O Delta Mo</b>		22c. DATE SIGNED <b>5-2-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5/5/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Bourbon Mo.</b>
24. FUNERAL DIRECTOR <b>E. S. James</b>		ADDRESS <b>Concordia Mo</b>		25. DATE RECD. BY LOCAL REG. <b>May 5, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Lutis Gordon Jordan</b>

MAY 13 1959

MAY 22 1959

VS MAY 19 1959

MAY 13 1959

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed E. S. James.....

Licensed Embalmer No. 2058.....  
P. O. Address Concord.....

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.