

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020775

STATE FILE NUMBER

FILED JUN 23 1959

Registration District No. 80 Primary Registration District No. 5307 Registrar's No. 5

7. S. 300  
av. 1-57  
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1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moreau Township</b>		c. CITY OR TOWN <b>Russellville, Mo</b>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Six Miles East Russellville Highway C</b>		d. STREET ADDRESS (If outside, give location) <b>0260 Mile west</b>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>John Henry Miller</b>			4. DATE OF DEATH Month Day Year <b>June 18, 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 21, 1896</b>
9. AGE (In years last birthday) <b>62</b>		10. F UNDER 1 YEAR Months <b>9</b> Days <b>27</b>	11. IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (City and state or country) <b>Auroa Springs, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Andrew J. Miller</b>	
13b. MOTHER'S MAIDEN NAME <b>Henretta Strobel</b>		14. NAME OF HUSBAND OR WIFE <b>Alvina Miller</b>	
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>490-09-9821</b>	
17. INFORMANT <b>Mrs Alvina Miller- Wife</b>		Address <b>Russellville, Mo</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>Crushing head injuries, possible skull fracture, broken jaw above nose, etc.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
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)			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>Pickup truck overturned and crushed man to death.</b>		
20c. TIME OF INJURY Hour <b>4:15</b> Month, Day, Year <b>6-18-59</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Route C - Highway</b>		
20e. CITY, TOWN, OR LOCATION <b>Jefferson City - Cole - Mo.</b>	20f. COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
21. SIGNATURE <b>Maxwell Holt, Coroner Cole County</b>		22. ADDRESS <b>630 Adams St. - Jefferson City, Mo</b>	
22. DATE SIGNED <b>6/20/59</b>			
23. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6020-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evengical &amp; Reformed</b>	23d. LOCATION (City, town, or county) (State) <b>Brazito-Cole Co. Mo.</b>
24. FUNERAL DIRECTOR <b>Hugo N Schubert Russellville Mo</b>		25. DATE RECD. BY LOCAL REG. <b>June 20</b>	26. REGISTRAR'S SIGNATURE <b>Minnie Hittenmeyer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Hugo N. Schubert*  
Licensed Embalmer No. *2820*  
P. O. Address *Russellville*

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.