

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026050

FILED VS JUL 20 1959

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 61

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lawrence															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion Twp.		Length of stay in 1b 2mo., 9 da.		c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION West Union Rest Home Route #1, Granby, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Plum Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) Elizabeth First Jane Middle Miller Last				4. DATE OF DEATH Month June Day 26 Year 1959															
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 26, 1862		9. AGE (last birthday) 97		IF UNDER 1 YEAR Months 1 Days 0		IF UNDER 24 HR Hours 0 Min. 0							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Ohio			12. CITIZEN OF WHAT COUNTRY USA										
13a. FATHER'S NAME Lewis Crosby				13b. MOTHER'S MAIDEN NAME Amy Alexander				14. NAME OF HUSBAND OR WIFE Charles Miller (Deceased)											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Kenneth Williams, 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) Myocarditis, chronic DUE TO (b) Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)										INTERVAL BETWEEN ONSET AND DEATH 3 yrs 20 yrs									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown											
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 _____ 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 April 1, 1959 7:20 P.M. to June 15, 1959 her last saw him alive on June 15, 1959 and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <i>Herbert Simmons M.D.</i> (Degree or title)						22b. ADDRESS 1201 Centerville, Lawrence, Mo				22c. DATE SIGNED 2 June 59									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-28-59		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery				23d. LOCATION (City, town, or country) (State) Monett, Missouri 59											
24. FUNERAL DIRECTOR Mercer Funeral Home, Monett, Mo. ADDRESS					25. DATE RECD. BY LOCAL REG. 7-6-59		26. REGISTRAR'S SIGNATURE <i>Melvin C. Bowman, M.D.</i>												

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.