

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038866

FILED VS DEC 1 1959 27

Primary Registration District No. 5087 Registrar's No. 142

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Bates</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Howard Twp</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 Mi. West-Rich Hill</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Bates</u> c. CITY OR TOWN <u>Rich Hill RR 3</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>MILLARD MILLARD MILLER</u>			4. DATE OF DEATH Month Day Year <u>November 19 1959</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/24/88</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Clark County Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Michael Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Thomas</u>			14. NAME OF HUSBAND OR WIFE <u>Susie Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-42-0945</u>		17. INFORMANT Address <u>Mrs. Susie Miller-Rich Hill, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushing chest injury</u> DUE TO (b) <u>car wheel passed over</u> DUE TO (c) <u>brw.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____ 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 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.) <u>Hit & run over by car.</u>			
20c. TIME OF INJURY Hour Month, Day, Year <u>6:30 p.m. 11 1959</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>farm road. west of Rich Hill</u>			
20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Rich Hill Bates Mo</u>							
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>6:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Occupation or title) <u>Douglas C. Rowan Counselor</u>			22b. ADDRESS <u>Butler, Mo</u>		22c. DATE SIGNED <u>11/23/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11/22/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Rich Hill Missouri</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Booth Funeral Serv. Rich Hill, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 23-1959</u>		26. REGISTRAR'S SIGNATURE <u>Kendall Norum</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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1802

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JAN 22 1960

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 John G. Underwood

Licensed Embalmer No. 3585
P. O. Address Butler

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.

1959-1960 7-9-28-101