

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039870

FILED VS DEC 14 1959 144

4-234

4234

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

UNRECORDED

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in lb 7 da.		c. CITY OR TOWN Pilot Knob		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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) First THOMAS Middle W. Last MILLER				4. DATE OF DEATH Month Nov. Day 29 Year 1959					
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-31-86		9. AGE (last birthday) 73 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) farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Arcadia Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Charles Miller				13b. MOTHER'S MAIDEN NAME Minnie Decker			14. NAME OF HUSBAND OR WIFE Letha Kitchell Miller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT Address Letha Miller, Pilot Knob 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) Coronary Occlusion								INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary heart disease, myocarditis								6 months	
DUE TO (c) acute cystitis								1 week	
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. Month, Day, Year									
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	
		11-23-59		11-29-59		11-29-59			
21. I attended the deceased from 11-23-59 to 11-29-59 and last saw him alive on 11-29-59 Death occurred at 7.30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE R. E. Harland, M.D. (Deceased or title)				22b. ADDRESS Ironton, Missouri				22c. DATE SIGNED 12-2-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-1-59		23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Memorial Park Ironton Mo.			23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR ADDRESS White Funeral Home, Ironton Mo. <i>Archie White</i>				25. DATE RECD. BY LOCAL REG. 12-2-59		26. REGISTRAR'S SIGNATURE <i>Ma Avis Jones</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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnell J. White

Licensed Embalmer No. 3012

P. O. Address San Antonio, Texas

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.