

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59 0 46 6 2 6
STATE FILE NUMBER

Registration District No. 372 Primary Registration District No. 4543 Registrar's No. 23

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY WEBSTER	a. STATE MO.		b. COUNTY WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEYMOUR	Length of stay in 1b	c. CITY OR TOWN SEYMOUR	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input 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)			4. DATE OF DEATH	
First NECIE	Middle C.	Last MILLER	Month 12	Day 17
5. SEX FEMALE	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 12-24-1883	9. AGE (last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) OZARK Co. MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME PETER JENNINGS		13b. MOTHER'S MAIDEN NAME NANCY J. MARTIN	14. NAME OF HUSBAND OR WIFE FRANK 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. NONE	17. INFORMANT FRANK MILLER Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cancer in abdomen	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cancer in bladder	
	DUE TO (c) Cancer	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Age		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
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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

21. I attended the deceased from September and last saw ^{her} him alive on 12-16-59
Death occurred at 3:15 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Col. Beers MD		22b. ADDRESS Seymour Mo.	22c. DATE SIGNED 12-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-20-59	23c. NAME OF CEMETERY OR CREMATORY SEYMOUR MASONIC CEMETERY	23d. LOCATION (City, town, or county) (State) WEBSTER Co. MO.
24. FUNERAL DIRECTOR Robert Bergman ADDRESS Seymour, Mo.		25. DATE RECD. BY LOCAL REG. 12-28-59	26. REGISTRAR'S SIGNATURE Gilbert Jones

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 Max L. Miller

Licensed Embalmer No. 4720

P. O. Address Manofield

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.