

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004707

FILED VS FEB 1 1960

Registration District No. 225 Primary Registration District No. 6094 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Coatsville</u>		Length of stay in 1b <u>2 year</u>		c. CITY OR TOWN <u>Coatsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>home</u>	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Frank</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>January</u> Day <u>20</u> Year <u>1960</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 29, 1879</u>	9. AGE (last birthday) <u>80-1-21</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u> Hours <u>0</u> Min. <u>0</u>	
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>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Schuyler County</u>		
13a. FATHER'S NAME <u>John William Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Heinlon</u>		14. NAME OF HUSBAND OR WIFE <u>none</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>none</u>		17. INFORMANT <u>Stella Pickens, Kansas City, Mo.</u>		

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 <u>Year</u>
IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u>			
DUE TO (b) <u>Coronary thrombosis</u>			
DUE TO (c) <u>Atherosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>			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 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 <u>3:10</u> a.m. <u>10</u> 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 6-20-56 to 1-20-60 and last saw her/him alive on 1-13-60
Death occurred at 3:10 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W.R. Slater, DO.</u>	(Degree or title)	22b. ADDRESS <u>Lancaster, Mo.</u>	22c. DATE SIGNED <u>1-21-60</u>
---	-------------------	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 23, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mevers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>N/E Curran City, Missouri</u>
--	-----------------------------------	--	---

24. FUNERAL DIRECTOR <u>Norman's Funeral Home, Lancaster, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 21-1960</u>	26. REGISTRAR'S SIGNATURE <u>W.R. Slater</u>
--	---	---

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 Novale Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, Va

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.