

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004958

FILED VS. MAR 14 1960

Registration District No. 34002 / 3000 Primary Registration District No. Registrar's No. 66

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ADAIR</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BRASHEAR</u>		Length of stay in 1b <u>12 yrs.</u>		c. CITY OR TOWN <u>BRASHEAR</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 BLK. N.W. SQUARE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>NONE</u>	
3. NAME OF DECEASED (Type or print) First <u>GOY</u> Middle <u>MARICE</u> Last <u>MILLER</u>			4. DATE OF DEATH Month <u>MAR</u> Day <u>6</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</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>SEPT 3 1898</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCKING</u>		11. BIRTHPLACE (City and state or country) <u>ADAIR COUNTY, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>EDWIN S. MILLER</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE KNAPP</u>	
14. NAME OF HUSBAND OR WIFE <u>FLORENCE DRURY</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>496-36-2326</u>	
17. INFORMANT <u>MRS. G.M. MILLER</u>		Address <u>BRASHEAR, 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>Medullary Failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Uremia</u>					<u>10 months</u>
DUE TO (c) <u>Metastatic Adenocarcinoma of the Stomach</u>					
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	
21. I attended the deceased from <u>6/6/56</u> to <u>3/6/60</u> and last saw <u>him</u> alive on <u>3/6/60</u> Death occurred at <u>1:25 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. H. James D.D.</u>			22b. ADDRESS <u>800 W. Jefferson, Kirksville, Mo.</u>		22c. DATE SIGNED <u>3/10/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAR 7, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SABBATH HOME</u>		23d. LOCATION (City, town, or county) (State) <u>4 mi. N.W. BRASHEAR Mo.</u>	
24. FUNERAL DIRECTOR <u>Kelly Hayes</u>		ADDRESS <u>BRASHEAR No</u>		25. DATE RECD. BY LOCAL REG. <u>3-11-1960</u>	
26. REGISTRAR'S SIGNATURE <u>Dora W. Ratliff</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

V. H. CASNER, D.O.

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 KELLY ROWAN, Student Embalmer No. 580

working under my personal supervision.

Student Jerry Rogers
Signature of Student Embalmer

Signed Richard B. Kelly

Licensed Embalmer No. 4490

P. O. Address Edin, Mo

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