

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 8 1960 4

-60-004979
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo b. COUNTY Atchison	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Twn	Length of stay in 1b 50 Yr	c. CITY OR TOWN Blanchard, Iowa	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Family Residence INSTITUTION Near Blanchard, Iowa		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Lincoln Twn Atchison Co. Missouri

3. NAME OF DECEASED (Type or print) Robert First Ernest Middle Miller Last	4. DATE OF DEATH Feb-29-1960 Month Day Year
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5. SEX Male	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-29-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done if not of working life, give life lived) Auctioneer & Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Iowa	12. CITIZEN OF WHAT COUNTRY U S
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13a. FATHER'S NAME Robert Miller	13b. MOTHER'S MAIDEN NAME Jane Hogg	14. NAME OF HUSBAND OR WIFE Mabel Miller
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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. 481-50-2533	17. INFORMANT Jean Miller Address Blanchard, Ia
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke to the Heart Lesions		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Several previous cerebral vascular accidents	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.)
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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
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21. I attended the deceased from **Jan 15 1960** to **2-25** and last saw her/him alive on **2-28-60**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert J. Tucker, M.D.</i> (Degree or title)	22b. ADDRESS Clavida Iowa	22c. DATE SIGNED 3-3-60
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removed	23b. DATE 3/2/1960	23c. NAME OF CEMETERY OR CREMATORY Blanchard Cemetery	23d. LOCATION (City, town, or county) (State) Blanchard, Iowa
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24. FUNERAL DIRECTOR Scott Tucker ADDRESS Westboro, Mo	25. DATE RECD. BY LOCAL REG. Mar 5, 1960	26. REGISTRAR'S SIGNATURE <i>Harold V. Schaefer</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961
APR 8

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 Ashley R Tucker, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, MA

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