

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 20 1960 15

5074

71 -60-005056
STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARTON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN IRWIN MO MOUNTAIN		Length of stay in 1b		c. CITY OR TOWN IRWIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IRWIN MO			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RR 1 IRWIN MO		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MARTIN FRANK MILLER				4. DATE OF DEATH Month Day Year FEB 26 1960					
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 AUG 30 1895	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HR Hours 6 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY L		11. BIRTHPLACE (City and state or country) GENESOE ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME FRED A. MILLER			13b. MOTHER'S MAIDEN NAME AMELIA HOFFMAN			14. NAME OF HUSBAND OR WIFE LOTTIE M. 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 Address LOTTIE M. MILLER IRWIN 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 DUE TO (b) Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH Sudden death		
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 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 sudden death and last saw her him alive on _____ Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) J.R. Gledhill M.D.				22b. ADDRESS L A M R			22c. DATE SIGNED 2-27-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2/28/60	23c. NAME OF CEMETERY OR CREMATORY SHEPHERD BAKERS GROVE			23d. LOCATION (City, town, or county) (State) BARTON CO MO.			
24. FUNERAL DIRECTOR ADDRESS BEENY FUNERAL HOME SHELDON MO				25. DATE RECD. BY LOCAL REG. FEB 27 '60		26. REGISTRAR'S SIGNATURE Marie Konantz			

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 *S. Bernard Burns*

Licensed Embalmer No. 4161

P. O. Address *Sheldon, W.*

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.