

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 17 1960

-60-007408

STATE FILE NUMBER

Registration District No. 247 Primary Registration District No. 5840 Registrar's No. 4

NDED

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Newton				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Van Buren Twp.		Length of stay in lb 30 yrs		c. CITY OR TOWN RR L Wentworth		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi north of Wentworth				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 Mi North of Wentworth		
3. NAME OF DECEASED (Type or print) First Robert Middle William Last Miller				4. DATE OF DEATH Month 1 Day 28 Year 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 7/23/1905		
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Pierce City, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Miller			13b. MOTHER'S MAIDEN NAME Kate Mattloch			14. NAME OF HUSBAND OR WIFE Margaret 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. Unknown		17. INFORMANT Den Jennett Sarcoxie, 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) Broken Neck & Fractured Skull							INTERVAL BETWEEN ONSET AND DEATH Instant	
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)						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 checked="" 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.) Was thrown from back when it turned over				
20c. TIME OF INJURY Hour 12:25 p.m. Month, Day, Year 1-28-1960		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Public Highway # 37						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) Public Highway # 37		20f. CITY, TOWN, OR LOCATION 3.6 mi N of Jct # 37 Newton		COUNTY Missouri		STATE		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 12:25 PM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Corley Thompson Leones				22b. ADDRESS Neosho Missouri		22c. DATE SIGNED 2/5/1960		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/1/1960	23c. NAME OF CEMETERY OR CREMATORY St. Agnes		23d. LOCATION (City, town, or county) Newton County, Mo.		(State)	
24. FUNERAL DIRECTOR Wm. J. Wessell Pierce City, Mo.				25. DATE RECD. BY LOCAL REG. Feb. 9, 1960		26. REGISTRAR'S SIGNATURE M. H. Young		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 20 1961

FEB 20 1961

FEB 26

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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. Gordon Mount

Licensed Embalmer No. 4213

P. O. Address Mount, 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.