RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED 15 MAR 1960

-60-009655

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada
Length of stay in 1b: 12 yrs 4 mo 18 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #3
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN: Amoret
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): unknown
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Lawrence Middle: Nelson Last: Miller

4. DATE OF DEATH: Month: March Day: 6 Year: 1960

5. SEX: male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr 30, 1905
9. AGE (last birthday): 54 yrs
IF UNDER 1 YEAR: Months: 10 Days: 6
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Amoret, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Grant Miller
13b. MOTHER'S MAIDEN NAME: Dora Belle Miller
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Hospital Records Address: Nevada, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage Cerebral
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Epilepsy
DUE TO (c): Injure
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Psychosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 1, 1956 to March 6, 1960 and last saw her/him alive on March 6, 1960
Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. C. Bradley (Degree or title) M.D.
22b. ADDRESS: State Hospital #3, Nevada Mo
22c. DATE SIGNED: 3-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-7-60
23c. NAME OF CEMETERY OR CREMATORY: Richland Cemetery
23d. LOCATION (City, town, or county) (State): Linn County, Kansas

24. FUNERAL DIRECTOR ADDRESS: Archer & Mangold, Amsterdam, Mo.
25. DATE RECD. BY LOCAL REG.: 3-11-1960
26. REGISTRAR'S SIGNATURE: Anna E. Perry

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

APR 5 1960

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 Robert L. Mangel

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans

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