URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 4 1960

60-009727

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: C. N. H. #2
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 903 S. Stanford
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Samuel Middle Frederick Last Miller

4. DATE OF DEATH: Month March Day 29 Year 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9/24/1871
9. AGE (last birthday): 88
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): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Adair county, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Evans Miller
13b. MOTHER'S MAIDEN NAME: Lucretia Bland
14. NAME OF HUSBAND OR WIFE: Bridie Alice Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mr. Aaron Miller, Kirksville, 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) Acute overwhelming toxemia — INTERVAL BETWEEN ONSET AND DEATH: days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Large intestinal Obstruction
DUE TO (c) of undetermined etiology — weeks
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. ☐ 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 5-29-56, to March 29, 1960 and last saw ~~her~~ him alive on March 28, 1960
Death occurred at 3:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George H. Scheurer D.O.
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 3-30-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/31/1960
23c. NAME OF CEMETERY OR CREMATORY: Green Grove Cemetery
23d. LOCATION (City, town, or county) (State): Adair County, Mo.

24. FUNERAL DIRECTOR: Paul M Riley
ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 3-30-1960
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

GEORGE H. SCHERER, 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard R. Ellis

Licensed Embalmer No. 5036

P. O. Address Kirkville, Mo.

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