IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010143

STATE FILE NUMBER

FILED VS APR 5 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STAT Missouri b. COUNTY Callaway
c. CITY OR TOWN Fulton
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 712 Grand Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Braxton Middle Earl Last Miller
4. DATE OF DEATH: Month March Day 31 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9/3/1890
9. AGE (last birthday): 69
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 and carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and state or country): Audrain County, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James A. Miller
13b. MOTHER'S MAIDEN NAME: Lennie Brown
14. NAME OF HUSBAND OR WIFE: Emma Sitts 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.: 499-30-5713
17. INFORMANT: Mrs. Emma Miller, Address: Fulton, 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) Myocardial infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 3 da
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): Renal shut down
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 28 March 60 to 31 March 60 and last saw him alive on 30 March.
Death occurred at 8:00 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George N. Grove, MD. (Degree or title)
22b. ADDRESS Fulton, Mo.
22c. DATE SIGNED 4-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr, 2, 1960
23c. NAME OF CEMETERY OR CREMATORY: Memorial Cemetery
23d. LOCATION (City, town, or county) (State): Columbia Mo

24. FUNERAL DIRECTOR: Wallace Funeral Home, ADDRESS: Fulton, Mo
25. DATE RECD. BY LOCAL REG.: April-2-1960
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

NDED

AUG 8 1960

STATEMENT BY LICENSED EMBALMER APR 7 1960

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4996

P. O. Address Fulton, Mo

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