URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 6 1960

60-010466

STATE FILE NUMBER

NDED

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY: Dunklin	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Gobler — Length of stay in 1b:	c. CITY OR TOWN: Gobler — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Star Route — Inside Limits: Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location): Star Route — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Hannah Lou Eliza — Middle: — Last: Miller		4. DATE OF DEATH Month Day Year: 3-18-1960	
5. SEX: F	6. COLOR OR RACE: White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH: 6-14-1864
9. AGE (last birthday): 95	IF UNDER 1 YEAR: Months 4 Days 4	IF UNDER 24 HR: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (City and state or country): Perryville, Tenn.	12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unknown	13b. MOTHER'S MAIDEN NAME: Fannie Renfroe	14. NAME OF HUSBAND OR WIFE: Henry Miller(dec)	
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.: none	17. INFORMANT: Silas Miller — Address: Gobler, 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) Massive Cerebral Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

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)

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 3-18-60, to 3-18-60 and last saw her/him alive on 3-18-60

Death occurred at approximately 12:05p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leo J Benson Jr MD	22b. ADDRESS: Kennett, Mo.	22c. DATE SIGNED: 3-27-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3-19-1960	23c. NAME OF CEMETERY OR CREMATORY: Mount Zion
23d. LOCATION (City, town, or county) (State): Steele Missouri		
24. FUNERAL DIRECTOR ADDRESS: McDaniel Funeral Ser. Kennett, Mo.	25. DATE RECD. BY LOCAL REG.: 3-28-1960	26. REGISTRAR'S SIGNATURE: Earl Husband

BY AFFIDAVIT OF DOCUMENT

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Terry L. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett,

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.