

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015034

FILED VS MAY 9 1960

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 127 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI . COUNTY HENRY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON		Length of stay in 1b LIFE		c. CITY OR TOWN CLINTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 320 NORTH THIRD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last SUE ANN MILLER				4. DATE OF DEATH Month Day Year MAY 2 1960					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-12-59	9. AGE (last birthday) 0	IF UNDER 1 YEAR Months 8 Days 20	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and state or country) CLINTON MISSOURI		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME THOMAS J MILLER			13b. MOTHER'S MAIDEN NAME LILLIAN SCHILL			14. NAME OF HUSBAND OR WIFE none			
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. no		17. INFORMANT Address THOMAS J MILLER CLINTON 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) Waterhouse-Fredrickson Syndrome DUE TO (b) Meningococcemia DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 16 hrs.		
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 type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Aug 12, 1959 to May 2, 1960 and last saw her/him alive on May 2, 1960 Death occurred at Approx 3:00 am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) W.W. Bradshaw, M.D. Colonel				22b. ADDRESS Clinton, Mo.				22c. DATE SIGNED 5-2-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-4-60	23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD		23d. LOCATION (City, town, or county) CLINTON MO.			(State)	
24. FUNERAL DIRECTOR ADDRESS F.L. SCHABERG CLINTON MO.				25. DATE RECD. BY LOCAL REG. May 4, 1960		26. REGISTRAR'S SIGNATURE Mildred Bigum			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 F. L. Sepakura

Licensed Embalmer No. 4513

P. O. Address Clinton

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