

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019929

FILED VS JUN 14 1960

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 94 STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Laclede</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lebanon</b>		Length of stay in 1b <b>4 days</b>		c. CITY OR TOWN <b>Stoutland</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Louise G. Wallace</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>South Side Stoutland</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		Month Day Year	
First <b>JOHN</b>		Middle <b>HARRISON</b>		Last <b>MILLER</b>		<b>June 3, 1960</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>5-22-89</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>barber</b>		11. BIRTHPLACE (City and state or country) <b>Stoutland, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wm. Miller</b>			13b. MOTHER'S MAIDEN NAME <b>Matilda Honey</b>			14. NAME OF HUSBAND OR WIFE <b>Emma Miller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>500-36-7299</b>		17. INFORMANT Address <b>Mrs. Emma Miller, Stoutland, Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Coronary Sclerosis</b>							<b>6 Mos.</b>
DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Arteriosclerotic Heart Disease 2 yrs.</b>							
DUE TO (c) <b>Generalized Arteriosclerosis</b>							
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 checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <b>None</b>			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 <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 <b>3/1/54</b> to <b>6/3/60</b> and last saw her alive on <b>6/3/60</b> Death occurred at <b>3:35</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Ernest E. Disker M.D.</b>				22b. ADDRESS <b>Stoutland, Mo</b>		22c. DATE SIGNED <b>6/5/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>6-5-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Stoutland Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stoutland Missouri</b>		
24. FUNERAL DIRECTOR <b>Spokane</b>			ADDRESS <b>Lebanon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-5-1960</b>		26. REGISTRAR'S SIGNATURE <b>Hella L. May</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 20 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 Bill M. Abbott, Student Embalmer No. Permit 3

working under my personal supervision.

Student Bill M. Abbott  
Signature of Student Embalmer

Signed Gene Hunt

Licensed Embalmer No. 1939  
P. O. Address Spd, Va

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