

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022636

FILED VS. JUN 29 1960

74

Primary Registration District No. 5295

Registrar's No. 21

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Clinton</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Clinton</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Concord Township</i>		Length of stay in 1b <i>2 days</i>		c. CITY OR TOWN <i>Plattsburg</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warren-Baumier Rest Home</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>615 Locust</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Clyde</i> Middle <i>Farley</i> Last <i>Miller</i>				4. DATE OF DEATH Month <i>June</i> Day <i>19</i> Year <i>1960</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>JAN 10, 1885</i>	9. AGE (last birthday) <i>77</i>	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) <i>Mechanic</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Clay County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Jame L. Miller</i>			13b. MOTHER'S MAIDEN NAME <i>Sally Anne Berry</i>			14. NAME OF HUSBAND OR WIFE <i>Maude Miller</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>487-09-2385</i>		17. INFORMANT <i>Maude Miller, Plattsburg, Missouri</i>				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Oedema</i> DUE TO (b) <i>Melanoma</i> DUE TO (c) <i>Melanoma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i> <i>6 MO</i> <i>3 yrs</i>		
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 _____ s.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 <i>1957</i> to <i>June 19-60</i> and last saw her alive on <i>June 19-60</i> Death occurred at <i>11:30</i> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>W B Spalding MD</i>				22b. ADDRESS		22c. DATE SIGNED <i>6-20-60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>June 22, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn Cemetery</i>			23d. LOCATION (City, town, or county) (State) <i>Plattsburg, Missouri</i>				
24. FUNERAL DIRECTOR <i>Lyon Funeral Home, Inc.</i>		ADDRESS <i>Plattsburg, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>6-21-1960</i>		26. REGISTRAR'S SIGNATURE <i>Mary W Seearce</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 30 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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Phillip E. Cop*

Licensed Embalmer No. 4993

P. O. Address Stateburg, S.C.

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