

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023698

FILED VS JUN 20 1960

Registration District No. **383** Primary Registration District No. **5647** Registrar's No. **46**

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Lawrence	a. STATE Mo.	b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Freistatt	Length of stay in lb 11 months	c. CITY OR TOWN Mt. Vernon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Crestview Nursing Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #3	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Anna Middle Elizabeth Last Miller	4. DATE OF DEATH	Month June Day 3 Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-13-1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	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 Retired	11. BIRTHPLACE (City and state or country) Burton, Kansas	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME James Goforth	13b. MOTHER'S MAIDEN NAME Mary Ann Davidson	14. NAME OF HUSBAND OR WIFE decd. Clarence Miller
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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. None	17. INFORMANT Herbert B. Miller; Mt. Vernon, Mo.	Address
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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)	Circulatory Failure	10 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cor Pulmonale	Unknown
	DUE TO (c) mitral stenosis	Unknown

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY	Hour	Month, Day, Year
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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
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21. I attended the deceased from **June 10 1960** to **June 1** and last saw her alive on **May 27 1960**
 Death occurred at **1:10** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deputy or title) Harold E. Goup	22b. ADDRESS Mt. Vernon Mo	22c. DATE SIGNED 6/13/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	23d. LOCATION (City, town, or county) (State) Dadeville, Mo.
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24. FUNERAL DIRECTOR J. C. Canada; Greenfield, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-13-60	26. REGISTRAR'S SIGNATURE W.D. Fossitt
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(Licensed Embalmer's Statement on Reverse Side)

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

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield

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.