

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023883

FILED VS. JUN 3 1 1960

Primary Registration District No. 4133Y Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY		Length of stay in lb 3 Yrs		c. CITY OR TOWN MONROE CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 210 W. DOVER ST			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 210 W. DOVER ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last WESLEY FLOYD MILLER				4. DATE OF DEATH Month Day Year JUNE 9, 1960					
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8-21-1890		9. AGE (last birthday) 69 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) FARMER (RETD)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SHELBY COUNTY, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME JAMES B MILLER			13b. MOTHER'S MAIDEN NAME MATTHE ALICE KIMBLEY			14. NAME OF HUSBAND OR WIFE LILY C MILLER			
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.		17. INFORMANT <i>Ms Lily C. Miller Monroe City Mo</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) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral + Generalized Atherosclerosis DUE TO (c) 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"/> N. <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH		
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.)					
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 checked="" 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 4-13-60 to 6-9-60 and last saw her/him alive on 6-7-60 Death occurred at 7:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Mary Patricia Shenshan, M.D.</i>				22b. ADDRESS <i>Monroe City Mo</i>				22c. DATE SIGNED 6-12-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-12-60		23c. NAME OF CEMETERY OR CREMATORY PLEASANT PRAIRIE CEMETERY		23d. LOCATION (City, town, or county) (State) SHELBY, CO MO			
24. FUNERAL DIRECTOR <i>Wilson Son Monroe City Mo</i>				25. DATE RECD. BY LOCAL REG. 6-15-60		26. REGISTRAR'S SIGNATURE <i>Elise Miller</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 2 1961

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 gm _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014
P. O. Address Monroe City

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.