JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-023948
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. ____ Registrar's No. 156

NDED

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clearmont
Length of stay in 1b: 3½ months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Moore Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN: Maryville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MATTIE Middle CLISER Last MILLER
4. DATE OF DEATH: Month 6 Day 19 Year 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/2/74
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: 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: Own home
11. BIRTHPLACE (City and state or country): Barnard, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: J. M. Cliser
13b. MOTHER'S MAIDEN NAME: Louisa Best
14. NAME OF HUSBAND OR WIFE: Fred D. Miller, dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Dean S. Dorman, Maryville, Mo.
Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic encephalopathy
DUE TO (b): + senility
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic cystitis.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1957, to 6/19/60 and last saw ~~deceased~~ alive on 9-10-57
Death occurred at 9:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: H C Bauman (Degree or title) M. D.
22b. ADDRESS: Maryville, Missouri
22c. DATE SIGNED: 6-20/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6/21/60
23c. NAME OF CEMETERY OR CREMATORY: Miriam
23d. LOCATION (City, town, or county) (State): Maryville, Missouri
24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG.: 6-20-60
26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville

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