

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUN 29 1960 374

-60-025620

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 6272 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) Allen, TWP		Length of stay in 1b 15 Yrs		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Denver, MO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Denver, Mo		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BERTIE Middle AMOS Last MILLER				4. DATE OF DEATH Month June Day 2 Year 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 Feb 2, 1872	9. AGE (last birthday) 88	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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Cedar Rapids, Iowa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM MILLER		13b. MOTHER'S MAIDEN NAME HESTER HARFORD		14. NAME OF HUSBAND OR WIFE Dorothy 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. 493-32-0256		17. INFORMANT Address Mrs Audra Smith Denver, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach with metastasis to Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH @ 1 yr	
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 <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 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 May 10 , to June 2, 60 and last saw her/him alive on May 31, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Frank B Matteson</i> Frank B Matteson M.D.				22b. ADDRESS Grant City, Mo		22c. DATE SIGNED 6/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 4, 1960		23c. NAME OF CEMETERY OR CREMATORY Miller Cemetery		23d. LOCATION (City, town, or county) (State) Rural Denver, Mo	
24. FUNERAL DIRECTOR <i>Kenneth Brane</i>		ADDRESS <i>Denver, Mo</i>		25. DATE RECD. BY LOCAL REG. June 23, 1960		26. REGISTRAR'S SIGNATURE <i>Leta E. Dawson</i>	

(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 me
or by John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant 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.