

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 7 1960

-60-025621
STATE FILE NUMBERRegistration District No. 374Primary Registration District No. 6275Registrar's No. 19

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) OR TOWN Smith Township		c. CITY OR TOWN Smith Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb Life		Inside Limits Yes ☐ No ☒	
Yes ☐ No ☒		Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) Joseph Miller		4. DATE OF DEATH May 29, 1960	
5. SEX Male		6. COLOR OR RACE White	
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 3-31-1890	
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	
11. BIRTHPLACE (City and state or country) Worth County, Missouri		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Joseph Miller		13b. MOTHER'S MAIDEN NAME Isabelle Jackson	
14. NAME OF HUSBAND OR WIFE Artie E. 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. 498-40-5203		17. INFORMANT Mrs. Artie Miller - Allendale, 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) Acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 1hr 2yrs	
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. ☐ 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 1958 to May 29, 60 and last saw him alive on May 29 Death occurred at 11pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Frank B. Matteson M.D. (Degree or title)	
22b. ADDRESS Grant City, Mo		22c. DATE SIGNED 5/31/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 31, 1960	
23c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery		23d. LOCATION (City, town, or county) (State) Worth County, Missouri	
24. FUNERAL DIRECTOR Bill A. Pumphrey		25. DATE RECD. BY LOCAL REG. 7-1-1960	
26. REGISTRAR'S SIGNATURE Letta E. Duvern			

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill A. Dunfee

Licensed Embalmer No. 4905

P. O. Address Grand Ci

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.