

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-026681**

FILED VS JUL 28 1960

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <b>Iron</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton</b>		Length of stay in 1b <b>DOA</b>		c. CITY OR TOWN <b>Flat River</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <b>general delivery</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>ELWOOD</b> Last <b>MILLER</b>				4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1960</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Mar 28 1931</b>	9. AGE (last birthday) <b>29</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) <b>truck driver</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>soda company</b>		11. BIRTHPLACE (City and state or country) <b>Lesterville Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>John Robert Miller</b>			13b. MOTHER'S MAIDEN NAME <b>Violet Colyott</b>		14. NAME OF HUSBAND OR WIFE <b>Carol Miller</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Korean</b>			16. SOCIAL SECURITY NO. <b>488-34-7569</b>	17. INFORMANT Address <b>Violet Miller, Centerville Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured Skull</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Shock &amp; Loss of Blood</b> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
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 checked="" 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.) <b>Lost control of car in loose gravel</b>					
20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Highway #21</b>		20f. CITY, TOWN, OR LOCATION <b>Reynolds</b> COUNTY STATE <b>1 Mi. North Centerville</b> Mo			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>7 30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>C.A. Howell</i> (Degree or title) <b>Coroner</b>				22b. ADDRESS <b>Ironton, Mo.</b>		22c. DATE SIGNED <b>7/16/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7-17-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Parkview Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Farmington Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>White Funeral Home, Ironton Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>7-17-60</b>	26. REGISTRAR'S SIGNATURE <i>Miss Avis Jones</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 28 1960

AUG 26 1960

**STATEMENT BY LICENSED EMBALMER**

\_\_\_\_\_ 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 Charles J. White

Licensed Embalmer No. 342

P. O. Address Imperial

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