

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027386

FILED VS AUG 3 1960

157

Primary Registration District No.

4247

Registrar's No.

160

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jasper		Length of stay in 1b Suddenly	c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woods Food Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Route # 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Samuel Middle McKindry Last Miller			4. DATE OF DEATH Month July Day 18 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-30-1871	9. AGE (last birthday) 89	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 Agriculture	11. BIRTHPLACE (City and state or country) Yorktown, Indiana	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Rev. Jason C. Miller		13b. MOTHER'S MAIDEN NAME Amy A. Hawk		14. NAME OF HUSBAND OR WIFE Ella Fasken	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown?) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Samuel J. Miller, Carthage R#2, 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) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None				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 Jasper		COUNTY Jasper	STATE Mo.
21. I attended the deceased from at death to Jasper and last saw him alive on 7-18-60 Death occurred at 9-30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. H. Knott M.D.		22b. ADDRESS Jasper, Mo.		22c. DATE SIGNED 7-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-21-60	23c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	23d. LOCATION (City, town, or county) (State) Jasper County, Mo.		
24. FUNERAL DIRECTOR ADDRESS The Ulmer Funeral Home, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. July 28 1960	26. REGISTRAR'S SIGNATURE Cunio Estrout Deputy		

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
or by Melvin C. Garrett, Student Embalmer No. 605

working under my personal supervision.

Student Melvin C. Garrett
Signature of Student Embalmer

Signed Edwin E. Shiner

Licensed Embalmer No. 1195

P. O. Address Leath

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.