

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027977

LED VS UNDED

JUL 27 1960

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 54

STATE FILE NUMBER

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u> | | Length of stay in 1b <u>2 weeks</u> | c. CITY OR TOWN <u>Otterville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R#2</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Gen. Del</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|-------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>Ellen</u> Last <u>Miller</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>23</u> Year <u>1960</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-19-1871</u> | 9. AGE (last birthday) <u>89</u> | IF UNDER 1 YEAR Months _____ Days _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Nebraska</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Oliver Risher</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ester Hitchcock</u> | | 14. NAME OF HUSBAND OR WIFE <u>Max Miller</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>Marquette Steele Doniphan Mo.</u> Address _____ | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH <u>1-Hr</u> |
| IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>HYPERTENSIVE CARDIO VASCULAR Disease?</u> | | |
| 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 |

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| 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 _____ s.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 July 22-60 to July 23-60 and last saw her/him alive on July 23-60
Death occurred at 5 PM on the date stated above, and to the best of my knowledge, from the causes stated.

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|---|---|------------------------------------|
| 22a. SIGNATURE <u>R. Boomer, MD</u> (Degree or title) | 22b. ADDRESS <u>903 Elm-Doniphan</u> | 22c. DATE SIGNED <u>7-23-60</u> |
|---|---|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 25, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Otterville, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Edwards Funeral Home Doniphan Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-24-60</u> | 26. REGISTRAR'S SIGNATURE <u>Flava Broz</u> |

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

Student _____
Signature of Student Embalmer

Signed Gene Harre

Licensed Embalmer No. 480

P. O. Address Taylor,

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.