RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 31 1960

-60-037554
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1108

DED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: Most of life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Charles Hotel — Inside Limits Yes ☒ No ☐
St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Andrew
c. CITY OR TOWN Savannah — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 105 W. Main (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Eugene; Middle Wade; Last Miller
4. DATE OF DEATH: Month Remains found; Day October; Year 19, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 21, 1905
9. AGE (last birthday): 55 — 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): Auto Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Auto Agency
11. BIRTHPLACE (City and state or country): Agency, Missouri.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Eugene Wade Miller
13b. MOTHER'S MAIDEN NAME: Kettie McCrary
14. NAME OF HUSBAND OR WIFE: Clara M. Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #2.
16. SOCIAL SECURITY NO.: 491-10-1561
17. INFORMANT: Mrs. Clara M. Miller Address: Savannah, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unattended Death - Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Investigated by City Health Office
DUE TO (c)

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert W. Kieber, M.D. (degree or title) City Health Office ADDRESS St. Joseph, Mo — 22c. DATE SIGNED 10-21-60

R.W. Kieber, M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct. 21, 1960
23c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery
23d. LOCATION (City, town, or county) (State): Savannah, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Meierhoffer-Fleeman, Inc., St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Oct. 24 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF MEDICAL CERTIFICATION

DOCUMENT

DEC 1 4 1961

VS MAR 3 0 1961

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_____ Signed Elbert B. Harrington

Signature of Student Embalmer

Licensed Embalmer No. 2258

P. O. Address St. Joseph,

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