

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040896

FILED VS DEC 5 1960

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 345

|  |  |   |  |  |  |  |  |       |
|--|--|---|--|--|--|--|--|-------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Adair</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> |  |  |  |       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kirkville</u>  |  | Length of stay in 1b<br><u>yrs.</u>   |  | c. CITY OR TOWN <u>Kirkville</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>916-E-McPherson</u>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><u>916-E-McPherson</u>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |       |
| 3. NAME OF DECEASED (Type or print)<br>First <u>JOHN</u> Middle <u>CLEMENS</u> Last <u>MILLER</u>  |  |   |  | 4. DATE OF DEATH<br>Month <u>November</u> Day <u>13</u> Year <u>1960</u>   |  |  |  |       |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>9-27-1891</u>   | 9. AGE (last birthday)<br><u>69</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____                                   |       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer &amp; Co. Assessor</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>                                  |  | 11. BIRTHPLACE (City and state or country)<br><u>Adair County, Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                               |       |
| 13a. FATHER'S NAME<br><u>Evans Miller</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Lucretia Bland</u>                                   |  |  | 14. NAME OF HUSBAND OR WIFE  |  |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |   | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT<br>Address<br><u>Mrs. Hazel Miller, Kirkville, Mo.</u>   |  |  |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>  |  |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Few. MIN.</u>                       |       |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>CORONARY THROMBOSIS</u>  |  |   |  |  |  |  | <u>Few. MIN.</u>   |       |
| DUE TO (c) <u>CORONARY ARTERY SCLEROSIS</u>  |  |   |  |  |  |  | <u>SEVERAL YRS.</u>  |       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>MITRAL VALVULAR DISEASE</u>  |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |       |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.  |  | Month, Day, Year  |  |  |  |  |  |       |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <u>Oct 5, 1950</u> to <u>11-7-1960</u> and last saw him live on <u>Nov 7, 1960</u><br>Death occurred at <u>ESTIM. 11<sup>05</sup> AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |  |  |       |
| 22a. SIGNATURE (Degree or title)<br><u>John R. Roderick, D.O.</u>  |  |   |  | 22b. ADDRESS <u>104 E. N. FRANKLIN ST</u><br><u>KIRKVILLE, MISSOURI</u>  |  |  | 22c. DATE SIGNED<br><u>11-16-60</u>  |       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 23b. DATE<br><u>11-15-1960</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Queen City Cemetery</u>                     |  | 23d. LOCATION (City, town, or county)<br><u>Queen City, Mo.</u>  |  | (State)  |       |
| 24. FUNERAL DIRECTOR<br><u>Davis &amp; Davis, Kirkville, Mo.</u>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>11-28-60</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Doris W. Raloff</u>                                  |  |       |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JOHN R. RODERICK, D.O.

APR 4 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville,

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.