URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960

-60-042448
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 246

ENDED

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Length of stay in 1b: 17 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1921 So. Main St — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jasper
c. CITY OR TOWN Carthage — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1921 So. Main St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: LAURA Middle: ELLEN Last: MILLER

4. DATE OF DEATH Month, Day, Year: December 7, 1960

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-19-1865
9. AGE (last birthday): 95
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): at home
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (City and state or country): near Galesburg, Ill.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James H. Moore
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Jonathan H. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Forrest Miller, Address: 1917 S.Main, Carthage, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized and Cerebral Atherosslerosis
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 10-12-55, to 12-7-60 and last saw her/him alive on 12-7-60
Death occurred at 5:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard R. Cobble (Degree or title) MD
22b. ADDRESS Carthage, Mo
22c. DATE SIGNED 12-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 12-9-1960
23c. NAME OF CEMETERY OR CREMATORY: Mound Valley Cemetery
23d. LOCATION (City, town, or county) (State): Mound Valley, Kansas

24. FUNERAL DIRECTOR ADDRESS: KNELL MORTUARY, CARTHAGE, Mo.
25. DATE RECD. BY LOCAL REG.: 12-8-60
26. REGISTRAR'S SIGNATURE: Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Robert H Knell

Signature of Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo.

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