RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-044803
STATE FILE NUMBER

NOV 29 1960

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Saline	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater — Length of stay in 1b 3 years	c. CITY OR TOWN Slater — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 428 S. Emmerson — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 428 S. Emmerson — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First THOMAS	Middle JEFFERSON	Last MILLER	4. DATE OF DEATH Month November Day 19 Year 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9/23/1875	9. AGE (last birthday) 85 — 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) laborer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Gilliam, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Arch Miller	13b. MOTHER'S MAIDEN NAME Susan Taylor	14. NAME OF HUSBAND OR WIFE deceased		
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 Address Vernon Miller, Slater, Missouri		

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) Heart failure.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis.

DUE TO (c) Coronary insufficiency

INTERVAL BETWEEN ONSET AND DEATH: 4-6 wks

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 March 1955, to Nov. 19-60 and last saw her/him alive on 4 P.M.

Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]	22b. ADDRESS 313½ N Main St	22c. DATE SIGNED 11-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/21/1960	23c. NAME OF CEMETERY OR CREMATORY Slater	23d. LOCATION (City, town, or county) (State) Slater, Missouri
24. FUNERAL DIRECTOR ADDRESS Haines Funeral Home, Slater, Mo.	25. DATE RECD. BY LOCAL REG. 11-22-60	26. REGISTRAR'S SIGNATURE Mrs. Raymond Brame	

(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 r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed. Walter J. Haines, J

Signature of Student Embalmer

Licensed Embalmer No. 4557

P. O. Address Slater, M

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