

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

NOV 30 1960

-60-044964

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 41349 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Worth County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Worth Missouri		Length of stay in lb 10 years		c. CITY OR TOWN Worth Missouri		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION north part		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) north part		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Elizabeth Miller				4. DATE OF DEATH Month Day Year November-22-1960			
5. SEX female		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 10-8-1876	
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min. 2 14		IF UNDER 24 HR 2 14			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10b. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (City and state or country) Worth County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Hamilton Brandt		13b. MOTHER'S MAIDEN NAME Virginia Wantland		14. NAME OF HUSBAND OR WIFE Charley Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Charley Miller Worth Missouri			
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 Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH	
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 Nov 8 60 to Nov 22 60 and last saw her/him alive on Nov 20 60 Death occurred at 4 2 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) P. J. Patterson				22b. ADDRESS Marionville Mo		22c. DATE SIGNED 11-25-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-25-1960		23c. NAME OF CEMETERY OR CREMATORY Barnes Cemetery		23d. LOCATION (City, town, or county) (State) Worth Missouri	
24. FUNERAL DIRECTOR John Andrews				25. DATE RECD. BY LOCAL REG. Nov. 26-1960		26. REGISTRAR'S SIGNATURE John E. Dawson	

(Licensed Embalmer's Statement on Reverse Side)

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

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City

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.