

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046632

FILED VS DEC 16 1960

160

Registration District No. 559V

Primary Registration District No. 160

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM TOWNSHIP		Length of stay in 1b	c. CITY OR TOWN FESTUS, MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AT HOME		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. R #3, Box 23
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle W. Last MILLER			4. DATE OF DEATH Month DEC. Day 3 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-9-1908	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY GLASS FACTORY		11. BIRTHPLACE (City and state or country) JEFF. CO. MO.	
10c. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME JOHN F. MILLER		13b. MOTHER'S MAIDEN NAME ELIZABETH AVERBECK	

14. NAME OF HUSBAND OR WIFE DOROTHY M. MILLER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-03-5878	
17. INFORMANT Mrs. DOROTHY M. MILLER, FESTUS, MO.		17. INFORMANT Address R. R #3, Box 23			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) Coronary disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? 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 Hour a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Apr 3, 1960 to Nov. 29, 60 and last saw her/him alive on Nov. 29, 60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Berkman Golgar, MD (Degree or title)		22b. ADDRESS Festus, Mo		22c. DATE SIGNED 12/3/1960
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-6-60	23c. NAME OF CEMETERY OR INCINERATORY ROSE LAWN	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.	

24. FUNERAL DIRECTOR James R. Cady ADDRESS Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. 12/3/60	26. REGISTRAR'S SIGNATURE John H. Hill Rptg
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 19 1960

JUN 7 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 James Richard Cody

Licensed Embalmer No. 4309

P. O. Address CRYSTAL C

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.