

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048544

FILED VS. DEC 2 0 1960 362

Registration District No. 4531 Primary Registration District No. 4531 Registrar's No. 67

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>WARREN</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARRENTON</u> Length of stay in 1b <u>9 YRS.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>LINCOLN</u> c. CITY OR TOWN <u>WINFIELD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>307 E. WALTON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>ARCHIE</u> Last <u>MILLER</u>				4. DATE OF DEATH Month: <u>DEC.</u> Day: <u>17,</u> Year: <u>1960</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-6-81</u>		9. AGE (last birthday) <u>79</u>		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) <u>STREET CAR CONDUCTOR - RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>LINCOLN COUNTY, Mo</u>				11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>JOHN MILLER</u>				13b. MOTHER'S MAIDEN NAME <u>SUSAN TAYLOR</u>				14. NAME OF HUSBAND OR WIFE <u>ETHEL (Czerch)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>D.C. MILLER - 401 SUNSET - Cape Girardeau, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken Neck</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Being struck by Car, while</u> DUE TO (c) <u>Walking on City Street</u> 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 checked="" 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.) <u>Struck by Car on City Street</u>									
20c. TIME OF INJURY Hour: <u>5:50</u> Month, Day, Year: <u>12 19 1960</u>		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.) <u>City Street</u>				20f. CITY, TOWN, OR LOCATION <u>Warrenton Warren Mo</u>									
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>5:50</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>D. H. Knigge D.C. Coroner</u>						22b. ADDRESS <u>Warrenton Mo</u>				22c. DATE SIGNED <u>Dec. 20</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12/19/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ASBURY</u>				23d. LOCATION (City, town, or county) (State) <u>RFD - FOLEY, Mo</u>					
24. FUNERAL DIRECTOR <u>RICKS FUNERAL HOME</u> ADDRESS <u>ELSBERRY, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 20, 1960</u>				26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 29 1960

VS JAN 5 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

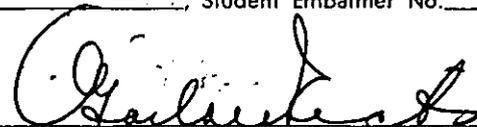
or, by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo.

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.