MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-001002

STATE FILE NUMBER

FILED VS JAN 30 1961

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 67A

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: D.O.A. Springfield Baptist Hospital — Inside Limits: Yes ☐ # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☒ # No ☐
d. STREET ADDRESS (If outside, give location): 2516 W. Page — Reside on Farm: Yes ☐ No ☐ #

3. NAME OF DECEASED (Type or print): First: Edgar Middle: D. Last: Miller

4. DATE OF DEATH: Month: Jan. Day: 17 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-15-1916
9. AGE (last birthday): 44 — 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): Carpenter and Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Dairy and Bldg
11. BIRTHPLACE (City and state or country): Locust Grove Okla.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert Miller
13b. MOTHER'S MAIDEN NAME: Mary Scroggins
14. NAME OF HUSBAND OR WIFE: Cuna 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.: --
17. INFORMANT: Cuna Miller Address: Springfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Likely Coronary Occlusion	Sudden
DUE TO (b)	Likely ~~Coronary~~ Myocardial infarctions	unknown
DUE TO (c)	Likely Coronary Sclerosis	"

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

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (UNATTENDED BY A PHYSICIAN

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 XXXXXXXXX, to ____ and last saw her/him alive on ____
Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James R. Wood M.D. (Degree or title)
22b. ADDRESS: Greene County Health Dept, Springfield, Mo
22c. DATE SIGNED: 1-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-20-61
23c. NAME OF CEMETERY OR CREMATORY: Reeds Cemetery
23d. LOCATION (City, town, or county) (State): Jasper County Missouri

24. FUNERAL DIRECTOR ADDRESS: Rex Rainey, Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 1-23-61
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lee Mason

Signature of Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield, Vt.

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.