MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 31 1961

-61-001109
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 17

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bethany — Length of stay in Hospital: 13 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Reid Hospital and Clinic — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Harrison
c. CITY OR TOWN: Gilman City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Carrie Middle: Ethel Last: Miller
4. DATE OF DEATH: Month: January Day: 26 Year: 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-7-1888
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months 9 Days 19 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Harlan County, Neb.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: George W. Brown
13b. MOTHER'S MAIDEN NAME: Laura Guymon
14. NAME OF HUSBAND OR WIFE: Benjamin H. Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Garland Miller, Address: Louisiana, 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): PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: 6 HRS
DUE TO (b): ORTHOPEDIC SURGERY — 9 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ARTERIOSCLEROTIC HEART DISEASE, ANEURYSM OF THORACIC AORTA
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 1/14/61 to 1/26/61 and last saw her/him alive on 1/26/61
Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: C. W. McCartney (Degree or title): D.O.
22b. ADDRESS: Bethany, Missouri
22c. DATE SIGNED: 1-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-28-1961
23c. NAME OF CEMETERY OR CREMATORY: Christian Union
23d. LOCATION (City, town, or county) (State): Gilman City, Mo.
24. FUNERAL DIRECTOR: M. B. Hagans ADDRESS: Bethany, Mo.
25. DATE RECD. BY LOCAL REG.: 1-28-1961
26. REGISTRAR'S SIGNATURE: Zella Massey

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany 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.