

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013490

AMENDED

Registration District No. 133 Primary Registration District No. 4210 Registrar's No. 54 STATE FILE NUMBER

FILED MAY 8 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Harrison</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ridgeway</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Harrison</u>
Length of stay in 1b <u>14 yrs</u>		c. CITY OR TOWN <u>Ridgeway</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>A. P. Ridgeway</u>		d. STREET ADDRESS (If outside, give location) <u>A. P. Ridgeway</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <u>William</u> Middle <u>Abraham</u> Last <u>Miller</u>	Month <u>5</u> - Day <u>1</u> - Year <u>1961</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-22-72</u>	9. AGE (last birthday) <u>88</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
			Months <u>3</u>	Days <u>4</u>	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Refrigerator Turner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Turnery</u>	11. BIRTHPLACE (City and state or country) <u>Breckinridge, Ky.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>J. W. Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Baysinger</u>	14. NAME OF HUSBAND OR WIFE <u>Kittie Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT Address <u>Kittie Miller Ridgeway Mo</u>
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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 <u>5 days</u>
IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>	DUE TO (b) <u>Arterio-sclerosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <u>Senility</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
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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.)
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20c. TIME OF INJURY Hour <u>No injury</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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
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21. I attended the deceased from <u>Apr. 19 - 1961</u> to <u>May 1 - 61</u> and last saw him alive on <u>Apr. 30 - 61</u>

Death occurred at <u>May 1 - 1961 6:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Lake Brewer</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Ridgeway Mo</u>	22c. DATE SIGNED <u>May 1 - 61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-8-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W.T. Geon Cemetery</u>	23d. LOCATION (City, town, or county) <u>5 miles. Albany, Mo</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Robert R. Bygones Ridgeway Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-2-1961</u>	26. REGISTRAR'S SIGNATURE <u>Gella Masey</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 _____
Signature of Student Embalmer

Signed Robert R. Rogers

Licensed Embalmer No. 35-76

P. O. Address Ridgeway

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.