

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016902

STATE FILE NUMBER

Registration District No. 80 Primary Registration District No. 5307 Registrar's No. 4

AMENDED

FILED MAY 16 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOREAU</u>		c. CITY OR TOWN <u>Russellville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>R. R. #2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM GILBERT MILLER</u>			4. DATE OF DEATH Month Day Year <u>MAY 5 1961</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>JULY 13, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>88</u> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Russellville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Jake Miller</u>		13b. MOTHER'S MAIDEN NAME <u>NANNIE MELISSA WALKER</u>	14. NAME OF <del>HUSBAND</del> OR WIFE <u>Alice Miller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>MRS. LUTHER PAYNE Russellville, 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>Chemia</u> DUE TO (b) <u>Chronic Bronchial Nephritis</u> DUE TO (c) <u>Chronic Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>72 hours</u> <u>6 mo</u> <u>10 years</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 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 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 <u>Feb. 16, 1961</u> to <u>May 5, 1961</u> and last saw <u>her</u> him alive on <u>May 5, 1961</u> Death occurred at <u>2:30 A</u> m on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. M. Eubank D.O.</u>		22b. ADDRESS <u>Russellville, Mo.</u>	22c. DATE SIGNED <u>5-5-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>MAY 7, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ENLOE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Russellville Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>D. N. Steffens Russellville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 7</u>	26. REGISTRAR'S SIGNATURE <u>Missie Hittmeyer</u>

MAY 1 1964

**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 *[Handwritten Signature]*

Licensed Embalmer No. 2307

P. O. Address Princetonville, N.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.