

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-023858**

FILED JUL 31 1961

STATE FILE NUMBER

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. 3000 Registrar's No. 196

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		Length of stay in 1b <u>4 mos.</u>		c. CITY OR TOWN <u>Kirkville</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>710 S. First</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>710 S. First</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY C. MILLER</u>				4. DATE OF DEATH Month Day Year <u>July 15, 1961</u>											
5. SEX <u>female</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>8-12-1881</u>		9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>Adlo, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>I. M. Crow</u>			13b. MOTHER'S MAIDEN NAME <u>Mary e. Conner</u>			14. NAME OF HUSBAND OR WIFE <u>Oscar Miller dec.</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>Mrs. Chester Furnish Kirkville, 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>medullary Failure - Longtime Heart Failure</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2-5 min</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>arteriosclerotic heart disease</u>		DUE TO (c)		yes.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown					
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.)							
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>on 7-15-61</u> and last saw her <u>DOA.</u> Death occurred at <u>6:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>[Signature]</u> (Degree or Title)						22b. ADDRESS <u>Kirkville Osteopathic Hosp.</u>			22c. DATE SIGNED <u>7/17/61</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			23b. DATE <u>7-17-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>			23d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>							
24. FUNERAL DIRECTOR <u>Dee Riley Funeral Home, Kirkville, Mo.</u> <u>Larry Jackson, Vice Pres.</u> (Licensed Embalmer's Statement on Reverse Side)					25. DATE RECD. BY LOCAL REG. <u>July 24, 1961</u>			26. REGISTRAR'S SIGNATURE <u>[Signature]</u>							

D. E. Maddox, D.O.

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 Larry Jackson, Student Embalmer No. 618

working under my personal supervision.

Student Larry Jackson  
Signature of Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirksville, N.Y.

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.