

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025907  
STATE FILE NUMBER

FILED JUL 31 1961

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 84

IDED

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1. PLACE OF DEATH a. COUNTY <b>Linn</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Brookfield</b>			Length of stay in 1b <b>3 years</b>		c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>113 E. Clark</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>113 E. Clark</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Jennie</b> Middle <b>Lynd</b> Last <b>Miller</b>				4. DATE OF DEATH Month <b>June</b> Day <b>21</b> Year <b>1961</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 20-1871</b>	9. AGE (last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b>	IF UNDER 24 HR Hours <b>1</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and state or country) <b>Adair County Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Backster Hawkins</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Duran</b>			14. NAME OF HUSBAND OR WIFE <b>Elmer L. Miller</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>Reba Coghill</b>		Address <b>Brookfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis Chronic</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Senile Changes</b>								
DUE TO (c)								
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 <b>4:20</b> Month, Day, Year <b>12-6-60</b> a.m. p.m.								
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 <b>12-6-60</b> , to <b>6-21-61</b> and last saw her/him alive on <b>6-19-61</b> Death occurred at <b>4:20</b> P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>H. H. Potter</b> <b>H. H. Potter, D.O.</b>				22b. ADDRESS <b>Brookfield, Missouri</b>		22c. DATE SIGNED <b>6-22-61</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 23, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Schaffer Cemetery</b>		23d. LOCATION (City, town, or county) <b>Adair County, Mo.</b>		23e. STATE <b>Mo.</b>		
24. FUNERAL DIRECTOR <b>H. Ives Bowden, Brookfield, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-23-61</b>		26. REGISTRAR'S SIGNATURE <b>Walter B. Erwin</b> <b>W B E</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Herald T. Wald

Licensed Embalmer No. 4175

P. O. Address Brow

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.