ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029857
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 415

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin
Length of stay in 1b: 8 yrs

c. CITY OR TOWN Joplin
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital
Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1305 Illinois Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CHARLEY Middle ALEXANDER Last MILLER

4. DATE OF DEATH Month September Day 2, Year 1961

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-7-1883

9. AGE (last birthday) 78

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired- Employee

10b. KIND OF BUSINESS OR INDUSTRY Davison Chemical Co.

11. BIRTHPLACE (City and state or country) Foyl, Oklahoma

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Miller

13b. MOTHER'S MAIDEN NAME Angeline Shearer

14. NAME OF HUSBAND OR WIFE Lenna M. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk

17. INFORMANT Address Mrs. Lenna M. Miller, 1305 Illinois Ave.

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Terminal Pneumonia	24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hemiplegia, right	8-4-61
DUE TO (c)	Hypertension	1957

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. ☐ 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 May 23, 1957, to Sept. 2, 1961 and last saw her/him alive on Sept. 2, 1961

Death occurred at 1 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Floyd Dupshe (Degree or title) M.D.

22b. ADDRESS 607 Frisco Bldg. Joplin, Mo.

22c. DATE SIGNED 9-7-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-5-1961

23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park,

23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MISSOURI

25. DATE RECD. BY LOCAL REG. 9-8-1961

26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Harvey E. Pruce

Licensed Embalmer No. 4463

P. O. Address Joplin 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.