

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032703

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 100

FILED OCT 9 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Iron		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b 3 days		a. STATE Missouri b. COUNTY Iron	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) General Delivery		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. SEX	
First EMMA		Middle MYRTLE		Last MILLER		Month Day Year September 26 1961	
5. SEX Female		6. COLOR OR RACE Cauc		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 22 Mar 1894	
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months 6 Days 4		IF UNDER 24 HR Hours 1 Min. 00		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Iron County, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME John Henry Propst			13b. MOTHER'S MAIDEN NAME Nancy Propst			14. NAME OF HUSBAND OR WIFE Guy McHenry Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) { If yes, give war or dates of service } no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mr. Guy Miller Arcadia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced adeno-carcinoma of uterus with metastasis to liver (inoperable)							??
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 checked="" type="checkbox"/> No <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 9-23-61 to 9-26-61 and last saw her relative on 9-26-61		Death occurred at 12:25 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) R. E. Harland m.d.				22b. ADDRESS Ironton, Missouri		22c. DATE SIGNED 9-27-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 29 Sep 1961		23c. NAME OF CEMETERY OR CREMATORY Arcadia Valley Mem. Pk.		23d. LOCATION (City, town, or county) (State) Ironton, Missouri	
24. FUNERAL DIRECTOR White Funeral Home		ADDRESS Ironton, Mo.		25. DATE RECD. BY LOCAL REG. 9-27-61		26. REGISTRAR'S SIGNATURE Mrs. Avis Jones	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 8 1962

OCT 10 1961

FEB 20 1962

OCT 24 1961

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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Ironton, Missouri

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.