ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

61-033888

STATE FILE NUMBER

AMENDED

Registration District No. 295 Primary Registration District No. 6015 Registrar's No. 84

FILED OCT 6 1961

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural-Salt Spring Twp. — Length of stay in 1b: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN North of Huntsville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) North of Huntsville — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Dora; Middle May; Last Miller
4. DATE OF DEATH: Month September; Day 29; Year 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-21-1876
9. AGE (last birthday): 84 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Randolph County, Mo.
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Richard Webster
13b. MOTHER'S MAIDEN NAME: Candis Thrift
14. NAME OF HUSBAND OR WIFE: Charles Monroe Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Clarence Miller: R.R.#1: Huntsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 18 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 10 yrs
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. ☐ 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 June 1, 1952, to Sept 26, 1961 and last saw her alive on 9/26/61
Death occurred at 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. C. Dreyer MD (Degree or title)
22b. ADDRESS Huntsville Mo
22c. DATE SIGNED 9/30/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-30-1961
23c. NAME OF CEMETERY OR CREMATORY: Trinity Cemetery
23d. LOCATION (City, town, or county) (State): North of Huntsville, Missouri

24. FUNERAL DIRECTOR: Tom B Patterson — ADDRESS: Huntsville Mo
25. DATE RECD. BY LOCAL REG.: 10-4-61
26. REGISTRAR'S SIGNATURE: Odenna Patterson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.