

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5903-62-024956
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 2 1962

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
1						
2 <i>21/19</i>						
3						
4 <i>2</i>						
5 <i>3</i>						
6						
7 <i>1</i>						
8 <i>2</i>						
9						
10						
11						
12 <i>77-0</i>						
13						
77	SHOULD READ	ITEM NO.				

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4582a Cottage
3. NAME OF DECEASED (Type or print) First Ira Middle Miller Last Miller		4. DATE OF DEATH Month June Day 11 Year 1962	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-16-1915
9. AGE (last birthday) 46		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) Laborer		10b. KIND OF BUSINESS OR INDUSTRY National Lead Co.	11. BIRTHPLACE (City and state or country) Clarendon, Ark.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME unknown	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes - WW II		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Mattie Mason - 2229 O'Fallon		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis		DUE TO (c) 331X	
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 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 Oct 1961 to June 8, 1962 and last saw her/him alive on June 8, 1962 Death occurred at 1 AM June 11, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.D. Richard M.D. (Degree or title)		22b. ADDRESS 4901A. Easton Ave	22c. DATE SIGNED June 1962 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Shipping	23b. DATE 6-14-62	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) Brinkley, Arkansas
24. FUNERAL DIRECTOR ATKINS BROS.	ADDRESS 3644 Finney Ave.	25. DATE RECD. BY LOCAL REG. JUN 13 1962	26. REGISTRAR'S SIGNATURE Coast Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 _____ Signed _____
Signature of Student Embalmer
 Licensed Embalmer No. 4476
 P. O. Address 4700 Hammett Pl

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 _____

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4700 Hammett Pl

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.

ATKINSON

JOHN K. CUNNINGHAM

4700 HAMMETT PL