MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-031663
STATE FILE NUMBER

Registration District No. 177 Primary Registration District No. 4276 Registrar's No. 125

FILED SEP 14 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0550
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pierce City — Length of stay in lb: 15 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 301 Myrtle — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Lawrence
c. CITY OR TOWN: Pierce City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 301 Myrtle — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Shirley — Middle Lewis — Last Miller
4. DATE OF DEATH: Month September — Day 3 — Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/17/1880
9. AGE (last birthday): 82 — 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): Interior Decorator
10b. KIND OF BUSINESS OR INDUSTRY: House repairing
11. BIRTHPLACE (City and state or country): Pierce City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Lewis Miller
13b. MOTHER'S MAIDEN NAME: Fuphan Holmes
14. NAME OF HUSBAND OR WIFE: Never married
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 — Address: Miss Ione Miller Pierce City, 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): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Inanition — 7 years
DUE TO (c): Cerebral hemorrhage — 7 years
Indurable to move for seven years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

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.): None
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 8-7-62, to 9-3-62 and last saw her/him alive on 9-2-62 - P.M.
Death occurred at 4.15 9-3-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. A. Marty M.D.
22b. ADDRESS: Pierce City Mo
22c. DATE SIGNED: 9/4/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/5/1962
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Pierce City, Mo. Lawrence Co.
24. FUNERAL DIRECTOR — ADDRESS: Wm. J. Wessell Pierce City, Mo.
25. DATE RECD. BY LOCAL REG.: 9-4-62
26. REGISTRAR'S SIGNATURE: Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

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 me, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed B. Gordon Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, 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.