MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-035475

DO NOT WRITE ON THIS STUB | AMENDED

VS 300 Rev. 4/59

1 0660
2 0661
3
4 0
5 0
6
7 0
8 2
9 7545
10
11
12 1-2
13 1-0

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 34-62 STATE FILE NUMBER

FILED SEP 24 1962

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Humphrey Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Miller
c. CITY OR TOWN Eldon Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 210-W-7th Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Robert Middle Earl Last Miller
4. DATE OF DEATH Month Sept Day 8 Year 1962
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept 8
9. AGE (last birthday) 0 IF UNDER 1 YEAR Months – Days – IF UNDER 24 HR Hours 1hr. Min. 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Tuscumbia-Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Kenneth Miller
13b. MOTHER'S MAIDEN NAME Ila De Grattenreid
14. NAME OF HUSBAND OR WIFE None
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 Kenneth Miller Address Eldon-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) Cerebral Anoxia — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congential Heart Disease — from birth
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 9-8-62 at 2:10 Pm, to 9-8-62 at 3:40 Pm and last saw him alive on 9-8-62
Death occurred at 3:40 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Jane Howard (Degree or title) DO
22b. ADDRESS Tuscumbia Mo
22c. DATE SIGNED 10 Sept-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10 Sept-62
23c. NAME OF CEMETERY OR CREMATORY New-Hope
23d. LOCATION (City, town, or county) Kaiser (State) Mo

24. FUNERAL DIRECTOR Keith M. Kays ADDRESS Eldon-Mo
25. DATE RECD. BY LOCAL REG. Sept. 11, 1962
26. REGISTRAR'S SIGNATURE Mrs. A. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.