

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

12362-039581  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. \_\_\_\_\_

<b>FILED OCT 22 1962</b>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Neosho</u> Length of stay in 1b <u>2 hrs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sale Memorial Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
c. CITY OR TOWN <u>Seneca</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>Charles Delbert Miller</u>	
4. DATE OF DEATH Month Day Year <u>Oct. 17, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wht.</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-27-89</u>
9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY -----
11. BIRTHPLACE (City and state or country) <u>Canton, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Christian Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Landis</u>
14. NAME OF HUSBAND OR WIFE <u>Olive</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser) <u>No</u>	16. SOCIAL SECURITY NO. -----
17. INFORMANT <u>Dorothea Bump, Adair, Okla.</u>	Address
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries &amp; fractures</u> DUE TO (b) <u>explosion</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 checked="" 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.) <u>while working piece of mining drill steel it exploded into fragmentation</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>9:00 a.m.</u>	Month, Day, Year <u>10-17-62</u>
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Blacksmith shop</u>
20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Seneca, Newton, Missouri</u>	
21. I attended the deceased from <u>did not attend</u> to _____ and last saw her alive on _____ Death occurred at <u>12:30</u> P M on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>James L. Haddock</u> Coroner	22b. ADDRESS <u>Newton Co. Mo 118 W. Main, Neosho, Mo.</u>
22c. DATE SIGNED <u>10-18-62</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-21-62</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Spring Valley</u>	23d. LOCATION (City, town, or county) (State) <u>Spring Valley, Kansas.</u>
24. FUNERAL DIRECTOR <u>W. E. Reddick</u>	25. DATE RECD. BY LOCAL REG. <u>10-20-62</u>
26. REGISTRAR'S SIGNATURE <u>Maydene Belka</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DATE AMENDED

VS 300 Rev. 4/59  
6735  
20730  
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8 2  
99103  
10 10  
11073  
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136-0

BY AFFIDAVIT OF DOCUMENT

NOV 1 1962

**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

*W E Bidlee*

Licensed Embalmer No.

*2174*

P. O. Address

*Seneca 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.