

THE DIVISION OF HEALTH AND MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039682

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 945

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HENRY</b>	
b. CITY OR TOWN <b>CLINTON</b>		c. CITY OR TOWN <b>CLINTON</b> 04220	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>324 S McLANE</b>		d. STREET ADDRESS (If outside, give location) <b>324 S McLANE</b>	

3. NAME OF DECEASED (Type or print) First <b>ED.</b> Middle <b>RUSSELL</b> Last <b>MILLER</b>			4. DATE OF DEATH Month <b>NOV.</b> Day <b>28</b> Year <b>1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG 1 1901</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Charles MILLER</b>	13b. MOTHER'S MAIDEN NAME <b>Beel Halland</b>	14. NAME OF HUSBAND OR WIFE <b>BERTHA MILLER</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>500-14-2758</b>	17. INFORMANT Address <b>BERTHA MILLER CLINTON MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot Wound - Entrance Right Temple</b> <b>Suicide -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Patient known to have been despondent for</b>
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20c. TIME OF INJURY Hour <b>4 a.m.</b> Month, Day, Year <b>11-28-58</b>	<b>Several months. Found in truck bed at rear of residence by city police with 25 Cal Colt Pistol in hand.</b>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Suicide - In truck at home</b>	20f. CITY, TOWN, OR LOCATION <b>Clinton</b> COUNTY <b>Henry</b> STATE <b>MO.</b>
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21. I attended the deceased from <b>Not attended</b> and last saw her/him alive on <b>11-28-58</b> Death occurred at <b>Approx 4<sup>am</sup></b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>W W Bradshaw, MD. (Co. Secy)</b>	22b. ADDRESS <b>Clinton, Mo</b>	22c. DATE SIGNED <b>11/28/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/30/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oaks</b>	23d. LOCATION (City, town, or county) <b>Wendover</b> (State) <b>MO</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Schaferg Funeral Home Clinton MO</b>	25. DATE RECD. BY LOCAL REG. <b>11-29-58</b>	26. REGISTRAR'S SIGNATURE <b>Haldred Bigum</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

APR 15 1959

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 F. L. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton, 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.