

RE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-038177

DED

Registration District No. 137 Primary Registration District No. 4318 Registrar's No. 249 STATE FILE NUMBER 60-038177

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor, Mo.		Length of stay in 1b 2 yrs.	c. CITY OR TOWN Windsor,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 500 E. Benton Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 500 E. Benton St.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Belle Middle G. Last Miller			4. DATE OF DEATH Month Oct. Day 9, Year 1960	
---	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/28/1864	9. AGE (last birthday) 96	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife-Seamstress	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Benton County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME John Thomas Griggs	13b. MOTHER'S MAIDEN NAME Catherine Wiley	14. NAME OF HUSBAND OR WIFE William E. Miller
---	---	---

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.	17. INFORMANT Emmett Ellis	Address Warrensburg, Mo.
--	-------------------------	--------------------------------------	------------------------------------

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 Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 72 hrs.
DUE TO (b) Hypertensive Cardiovascular Disease chronic		
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. <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 <input type="checkbox"/> 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 Windsor, Missouri	COUNTY Windsor	STATE Mo.
---	--	--	--	--------------------------	---------------------

21. I attended the deceased from 4 Oct., 1960 to 8 Oct., 1960 and last saw her alive on 6 pm 8 Oct., 1960 Death occurred at 6:15 m on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE Bernard Brack, M.D.	(Degree or title)	22b. ADDRESS 116 South main Windsor, Missouri	22c. DATE SIGNED 10/10/60
--	-------------------	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Forrest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
--	-----------	--	--

24. FUNERAL DIRECTOR Clifford Gouge,	ADDRESS Windsor, Mo.	25. DATE RECD. BY LOCAL REG. Oct 10, 1960	26. REGISTRAR'S SIGNATURE Waldred Bigum
--	--------------------------------	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clifford Houge

Licensed Embalmer No. 5014

P. O. Address Windsor, Vt.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.