

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0010210

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 107

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED APR 10 1967</p> <p>1. PLACE OF DEATH a. COUNTY Henry</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Length of stay in 1b 12 years</p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Haven Nursing Home Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo b. COUNTY Henry</p> <p>c. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 409 E. Colorado Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First MYRTLE Middle R Last MILLER</p>		<p>4. DATE OF DEATH Month April Day 2 Year 1967</p>	
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 11/13/77 9. AGE (last birthday) 89</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Retired</p>	
<p>11a. FATHER'S NAME John Richardson</p>		<p>11b. MOTHER'S MAIDEN NAME Margaret Moore</p>	
<p>12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No</p>		<p>13. SOCIAL SECURITY NO. 470-03-7984</p>	
<p>14. NAME OF HUSBAND OR WIFE Dr. Albert Miller</p>		<p>15. ADDRESS 300 S. Smith</p>	
<p>16. CITY, TOWN, OR LOCATION Windsor, Missouri</p>		<p>17. STATE USA</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest Hypertensive and arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 4-5 yrs DUE TO (c)</p>			<p>INTERVAL BETWEEN ONSET AND DEATH None</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION Windsor, Mo</p>	<p>COUNTY Henry STATE Mo</p>
<p>21. I attended the deceased from 1961 to Present and last saw her live on 6-17-66 Death occurred at 6:29 am on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Do not write in this space) Paula M. Scherberud</p>		<p>22b. ADDRESS Windsor, Mo</p>	
<p>22c. DATE SIGNED 4/6/66</p>		<p>22d. STATE Mo</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 4/4/1967</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery</p>	<p>23d. LOCATION (City, town, or county) (State) Windsor, Missouri</p>
<p>24. FUNERAL DIRECTOR Huston-Hadley ADDRESS Windsor, Missouri</p>		<p>25. DATE RECD. BY LOCAL REG. April 6 1967</p>	
<p>26. REGISTRAR'S SIGNATURE Mildred Begum</p>		<p>(Licensed Embalmer's Statement on Reverse Side)</p>	

USE BLACK INK OR TYPEWRITER RIBBON

APR - 9 1987

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 *Robert H. Kelly*

Licensed Embalmer No. 5220
P. O. Address Windsor, 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.