

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67-0039202  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 247

**FILED OCT 24 1967**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Clinton</u>   |   | Length of stay in 1b<br><u>10 days</u>  | c. CITY OR TOWN <u>Calhoun</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Clinton General</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>RR # 2</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Edna</u> Middle <u>Alice</u> Last <u>Miller</u>   |   |   | 4. DATE OF DEATH<br>Month <u>Oct</u> Day <u>15</u> Year <u>1967</u>  |
| 5. SEX<br><u>female</u>   | 6. COLOR OR RACE<br><u>white</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>May 16, 1895</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Galitan, Mo</u>   | 9. AGE (last birthday)<br><u>72</u><br>IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.  |
| 13a. FATHER'S NAME<br><u>Jerry Blakely</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Sarah Brady</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |   | 16. SOCIAL SECURITY NO.   | 14. NAME OF HUSBAND OR WIFE<br><u>Landon Miller</u><br>Address   |
| 17. INFORMANT<br><u>Mrs Mary Lions Calhoun, Mo</u>  |   |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |
| IMMEDIATE CAUSE (a) <u>Cardiac failure</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u>  |
| DUE TO (b) <u>Arteriosclerotic heart disease</u>  |   |   | <u>3-4 yrs.</u>  |
| DUE TO (c) <u>Diabetes mellitus</u>   |   |   | <u>6-7 yrs.</u>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour a.m. p.m.   | 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  | COUNTY STATE   |
| 21. I attended the deceased from <u>10-4-67</u> , to <u>10-15-67</u> and last saw <u>her</u> alive on <u>10-15-67</u><br>Death occurred at <u>11:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>James D. Smith, M.D.</u>   |   | 22b. ADDRESS<br><u>Clinton, Missouri</u>  | 22c. DATE SIGNED<br><u>10-19-67</u>  |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>10/18/1967</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Paul cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Henry County Missouri</u>  |
| 24. FUNERAL DIRECTOR<br><u>Sickman-Dunning F H Clinton, Mo</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Oct. 19, 1967</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Mildred Bigum</u>  |

USE BLACK INK OR TYPEWRITER RIBBON

**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 R. L. Dunning

Licensed Embalmer No. 4710

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.

Permit Obtained

10-19-67

(MB)