

CERTIFICATE OF DEATH
FILED SEP 9 1968

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 201

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Erma Allen Miller</u>			2. <u>Male</u>	3. <u>August 31, 1968</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. <u>White</u>		5a. <u>75</u>	5b. <u>Sept. 2, 1892</u>	6. <u>Henry</u>		
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. <u>Clinton</u>			7b. <u>Yes</u> 7c. <u>Wetzel Osteopathic Hosp.</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. <u>Iowa</u>		9. <u>USA</u>		10. <u>Married</u> 11. <u>Mabel Hubert Miller</u>		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <u>495 24 5656</u>		13a. <u>Retired Farmer</u>		13b.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>Clinton,</u>		14d. <u>No</u>	14e. <u>RT.# 5, Clinton, Mo.</u>
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>William Miller</u>			15. <u>Minnie B. Smart</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Erma Ernest Miller</u>			17b. <u>Rt. # 5, Clinton, Mo. 64735</u>			
PART I. DEATH WAS CAUSED BY:			ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) <u>myocardial infarction</u>						<u>acute</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (GIVE, STATING THE UNDERLYING CAUSE LAST)			(b) <u>acute myocardial infarction</u>			<u>acute</u>
			(c) <u>Coronary artery Disease</u>			<u>year</u>
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G)			ALTOPSY (YES OR NO)		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (19)	
20. <u>None</u>			19a. <u>No</u>		19b. <u>No</u>	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. <u>Auto 1-car</u>	20b. <u>8/31/68</u>	20c. <u>1:00 P.M.</u>	20d. <u>pt. Run off road, Highway 160 just N. of Hwy. 160, Clinton, Mo.</u>			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	STREET OR R.F.D. NO., CITY OR TOWN, STATE			
20e. <u>No</u>	20f. <u>None</u>	20g. <u>None</u>	20h. <u>Clinton, Mo.</u>			
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. <u>None</u>	21b. <u>9/2/67</u>	21c. <u>8/31/68</u>	21d. <u>8/31/68</u>	21e. <u>D.O.</u>	21f. <u>1:30</u>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH	THE DECIDENT WAS PRONOUNCED DEAD	DATE AND TIME	
22a. <u>None</u>			22b. <u>1:30 P.M.</u>	22c. <u>8/31/68</u>	22d. <u>1:30 P.M.</u>	
CERTIFIER—NAME (TYPE OF PRINT)			SIGNATURE	DIPLOMA OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. <u>James C. Clouse</u>			23b. <u>James C. Clouse MD</u>	23c. <u>MD</u>	23d. <u>9/2/68</u>	
MAILING ADDRESS—CERTIFIER			CITY OR TOWN		STATE	ZIP
23e. <u>Clinton, Mo</u>			23f. <u>Clinton, Mo</u>		23g. <u>Mo</u>	23h. <u>64735</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. <u>Burial</u>	24b. <u>Deepwater Cemetery</u>		24c. <u>Deepwater, Mo.</u>			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
24d. <u>Sept. 3, 1968</u>	24e. <u>Vansant Funeral Home</u>		24f. <u>Clinton, Mo.</u>			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25a. <u>W.D. Vansant</u>		25b. <u>Mildred Bigum</u>		25c. <u>Sept. 3, 1968</u>		

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

9. 0
10a. 75
10b. 2
11. 1
12. 1
13. 4109
14. 9
15. 9
16. 60420
17. 2
18. 2
19. CREDITS
20. 1-0

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JAN 22 1960

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 N. J. Vansant

Licensed Embalmer No. 3779

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 9-3-68 [Signature]