

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 273

VS 300
Rev. 1/68

DO NOT WRITE ON THIS STUB

9. 0
10a. 70
10b. 4.0425
11. 0
12. 1
13. 428X
14. 02
15. 4
16. 0425
17. DECEASED
18. 2
19. CREDITS
20. 1-0

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

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. Richard Byron MILLER			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. September 26, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 70	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. June 16, 1899
CITY, TOWN, OR LOCATION OF DEATH 7b. Clinton		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Wetzel Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Kathryn Harvey	
SOCIAL SECURITY NUMBER 12. 499-09-5230	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer	KIND OF BUSINESS OR INDUSTRY 13b. Livestock		
RESIDENCE—STATE 14a. Missouri	COUNTY 14b. Henry	CITY, TOWN, OR LOCATION 14c. Clinton	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes	STREET AND NUMBER 14e. 703 W. Ohio St.
FATHER—NAME 15. John B. Miller		MOTHER—MAIDEN NAME 16. Margaret Deakins		
INFORMANT—NAME 17a. Kathryn Miller		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 703 W. Ohio St. Clinton, Mo. 64735		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) Medullary Paralysis DUE TO, OR AS A CONSEQUENCE OF: (b) Pulmonary Edema DUE TO, OR AS A CONSEQUENCE OF: (c) Myocardial Insufficiency				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Seconds 8 hours 4 days
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Rheumatoid Arthritis				AUTOPSY (YES OR NO) 19. No IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.	
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.		
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM 1-18-69	TO 21b. 9-26-69	AND LAST SAW HIM/HER ALIVE ON 21c. 9-26-69	I DID/DID NOT VIEW THE BODY AFTER DEATH 21d. Did	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 10:20 P.M.
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. 22a.		HOUR OF DEATH 10:20 P.M.	THE DECEDENT WAS PRONOUNCED DEAD 22b. MONTH DAY YEAR HOUR	
CERTIFIER—NAME (TYPE OR PRINT) 23a. Clinton L. Glaspy		SIGNATURE 23b. Clinton L. Glaspy, M.D.	DEGREE OF TITLE 23c.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 9/27/69
MAILING ADDRESS—CERTIFIER 23e.		STREET OR R.F.D. NO. 105 E. Ohio	CITY OR TOWN Clinton	STATE Mo.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY—NAME 24b. Englewood	LOCATION 24c. Clinton, Missouri	
DATE (MONTH, DAY, YEAR) 25a. Sept 29, 1969		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25b. Consalus 209 S. 2nd St., Clinton, Mo. 64735		
FUNERAL DIRECTOR—SIGNATURE 25c. E. P. Consalus		REGISTRAR—SIGNATURE 25d. Melbaed Biggers	DATE RECEIVED BY LOCAL REGISTRAR 25e. Sept. 29, 1969	

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

OCT 8 1968

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 Eugene R. Consalus

Licensed Embalmer No. 4680

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.