

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037059
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb 13 hrs.	d. STREET ADDRESS (If outside, give location) 0644 3350 W. Ely Road
3. NAME OF DECEASED (Type or print) First Middle Last BRAINARD BLACK MILLER		4. DATE OF DEATH Month Day Year November 6, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 13 Dec. 1913
9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Distributor		10b. KIND OF BUSINESS OR INDUSTRY Skelly Oil Co.	11. BIRTHPLACE (City and state or country) Carthage, Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hal E. Miller	
13b. MOTHER'S MAIDEN NAME Grace Clifton		14. NAME OF HUSBAND OR WIFE Rosemary Hunt Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. No Record	17. INFORMANT Address Virgil B. Hunt; Hannibal, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shot-gun wound, left chest DUE TO (b) Mental depression DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH approx. 3 hrs. 2 yrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		976X	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot - inflicted - according to pt.	
20c. TIME OF INJURY Hour Month, Day, Year 10:15 a.m. Nov. 6 1958			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Suburban	
20f. CITY, TOWN, OR LOCATION Hannibal		COUNTY Livingston STATE MO	
21. I attended the deceased from Death occurred at 9:50 pm on 6 Nov. 58 to 6 Nov. 1958 and last saw him alive on 6 Nov. 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles M. Grace, M.D.		22b. ADDRESS Chillicothe, MO.	
22c. DATE SIGNED 7 Nov. 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-8-58	
23c. NAME OF CEMETERY OR CREMATORY Grandview		23d. LOCATION (City, town, or county) Hannibal, Missouri (State)	
24. FUNERAL DIRECTOR ADDRESS Norman Funeral Home Chillicothe, Missouri.		25. DATE RECD. BY LOCAL REG. 10v. 7, 1958	
		26. REGISTRAR'S SIGNATURE Frances B Neill	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Elton Newman*

Licensed Embalmer No....4036..... P. O. Address Chillicothe, 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.