

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001210  
STATE FILE NUMBER

AMENDED

128  
Primary Registration District No. 2000 Registrar's No. 157  
FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Webster</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b	c. CITY OR TOWN <b>Rogersville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Protestant</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rogersville</b>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Acy</b> Middle <b>Mosco</b> Last <b>Miller</b>			4. DATE OF DEATH Month <b>January</b> Day <b>26</b> Year <b>1962</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-12-1878</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Misc/</b>	11. BIRTHPLACE (City and state or country) <b>Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Rufus Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Arbuckle</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Ernestine Brock, Rogersville</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gastro Intestinal Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 day</b>
DUE TO (b) <b>Gastric ulcer</b>		
DUE TO (c)		<b>3 mo</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not not related to the terminal disease condition given in PART I. (a)) <b>Arrhythmia, Fibrillation of Heart</b>		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
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19. WAS AUTOPSY PERFORMED? 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 Hour <b>2:30</b> 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
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21. I attended the deceased from **1-22-62** to **1-26-62** and last saw her/him alive on **1-26-62**  
Death occurred at **2:30 p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Earl O. Russell MD</b> (Degree or title)	22b. ADDRESS <b>Springfield Mo</b>	22c. DATE SIGNED <b>1-30-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-29-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Whiteoak</b>	23d. LOCATION (City, town, or county) (State) <b>Rogersville, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Kelly-Ferrell Rogersville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1-30-62</b>	26. REGISTRAR'S SIGNATURE <b>Effie E. Weston</b>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 Wm K. Terrell

Licensed Embalmer No. 4910

P. O. Address Rayesville, 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.