

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025780

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 114

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 26 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Vernon</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada, Missouri</b>		Length of stay in 1b <b>30 yrs.</b>		c. CITY OR TOWN <b>Nevada, Missouri</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>			d. STREET ADDRESS (If outside, give location) <b>R.F.D.No.1</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Melchior</b> Last <b>Miller</b>			4. DATE OF DEATH Month <b>June</b> Day <b>15</b> Year <b>1962</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-24-1883</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer &amp; Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and state or country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Miller</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Maude Miller</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>			
16. SOCIAL SECURITY NO. <b>[redacted]</b>		17. INFORMANT Address <b>R.F.D.#1</b> <b>Mrs. Maude Miller, Wife Nevada, MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocarditis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Don't Know</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>L</b> DUE TO (c) <b>V</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchial Asthma, Incarcerated Inguinal Hernia - Strained and advanced age.</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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>[redacted]</b> Month, Day, Year <b>[redacted]</b>		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Nevada Vernon Mo</b>			
21. I attended the deceased from <b>June 1, 1962</b> to <b>June 15, 1962</b> and last saw him alive on <b>June 15-1962</b> Death occurred at <b>4:30 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W. Love, M.D.</b> (Degree or title)			22b. ADDRESS <b>Nevada, Missouri</b>		22c. DATE SIGNED <b>6-21-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-18-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sharon Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Near, Drexel, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Hayes Funeral Service, Inc. Nevada, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>6-23-1962</b>	26. REGISTRAR'S SIGNATURE <b>Anna E. Jurg</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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

*Richard L. Griffin*

Licensed Embalmer No.

5053

P. O. Address

*11 East K*

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.