MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-025874
STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 5010 Registrar's No. 54

FILED AUG 14 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Benton Township — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 miles west — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Andrew
c. CITY OR TOWN: RFD # 1, Rosendale — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2 miles west — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Permelia Middle Nevada Last Miller
4. DATE OF DEATH: Month August Day 8, Year 1962
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-6-75
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Andrew County, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Lyman Griffith
13b. MOTHER'S MAIDEN NAME: Mary Furst
14. NAME OF HUSBAND OR WIFE: L. H. Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: - - -
17. INFORMANT: Mrs. C. O. Fleming, Address: Rosendale, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1957, to Aug. 8, 1962 and last saw her/him alive on Aug. 7, 1962
Death occurred at 12:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr V. R. Wilson M.D.
22b. ADDRESS: Rosendale Mo
22c. DATE SIGNED: 8-8-1962

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8-10-62
23c. NAME OF CEMETERY OR CREMATORY: Savannah Cemetery
23d. LOCATION (City, town, or county) (State): Savannah, Missouri

24. FUNERAL DIRECTOR: BREIT & HAWKINS — ADDRESS: SAVANNAH
25. DATE RECD. BY LOCAL REG.: 8-10-62
26. REGISTRAR'S SIGNATURE: Lillian Sparks per Darlene L. Williams

(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 James B. Hawkins

Licensed Embalmer No. 4531

P. O. Address Savannah

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.