

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040533

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10132**

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF
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FILED OCT 29 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE **Mo.** b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **1 day 10 hr 5 min** c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Incarinate Word** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **2028 Victor** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **TERRY** Middle **ALLEN** Last **MILLER** 4. DATE OF DEATH Month **10** Day **18** Year **62**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-17-62** 9. AGE (last birthday) IF UNDER 1 YEAR Months **1** Days **10** Hours **55** IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **William Edgar Miller** 13b. MOTHER'S MAIDEN NAME **Brenda Loy Stanley** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT **Mrs. Wm. Miller** Address **2028 Victor**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **3 1/2 hrs**
DUE TO (b) **Coronary thrombosis** **3 1/2 hrs**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) **Coronary damage during birth**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **760.0**
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 **10:50** 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 **10-17-62** to **10-18-62** and last saw him alive on **10-18-62**. Death occurred at **10:50 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **1657 N Grand** 22c. DATE SIGNED **10-19-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Oct. 20, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Smith Cemetery** 23d. LOCATION (City, town, or county) (State) **Butler County, Missouri**

24. FUNERAL DIRECTOR **Gene H. Parrent** ADDRESS **Naylor, Missouri** 25. DATE RECD. BY LOCAL REG. **OCT 23 1962** 26. REGISTRAR'S SIGNATURE **[Signature]**

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 Gene Harsett

This body was not embalmed!

Licensed Embalmer No. 4809

P. O. Address Naylor, Missouri

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.

Butler County, Missouri

Notary Public for Missouri

Date

Notary Public for Missouri