

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042337

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 215

FILED NOV 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in lb OR Years Years		c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Mem. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 510 Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Myrtle Middle Miller Last Miller				4. DATE OF DEATH Month Nov. Day 21 Year 1962											
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-22-82		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY 'At Home'		11. BIRTHPLACE (City and state or country) Grundy Co., Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME Eldridge Stucker				13b. MOTHER'S MAIDEN NAME Frances Sink				14. NAME OF HUSBAND OR WIFE Christian W. Miller							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Dorothy Miller Trenton, Mo. Address									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-Vascular-Renal Disease 1 year DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.															
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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 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	
21. I attended the deceased from Nov 1st 1961 to Nov 21st 1962 and last saw her alive on Nov 21st 1962 Death occurred at 12:20 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>Oliver F. Giffey MD</i> (Degree or title)						22b. ADDRESS Trenton Mo			22c. DATE SIGNED Nov 21 1962						
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 11-24-1962		23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory				23d. LOCATION (City, town, or county) Kansas City, Mo.							
24. FUNERAL DIRECTOR Gipson-Whitaker				ADDRESS Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 11-23-62		26. REGISTRAR'S SIGNATURE <i>June Fair</i>							

Delivered to Dr: 11-21-62
Received back 5/11/83-62

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 Leo S. Whitaker

Licensed Embalmer No. 4770

P. O. Address Franklin, 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.