

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000984

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 107 **FILED FEB 4 1963** Primary Registration District No. 3019 Registrar's No. 17

VS 300
Rev. 4/59
10355
20350
3
4 1
5 2
6
7 1
8
9 0
10 6
11
12 2-0
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin	
b. CITY: (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		c. CITY OR TOWN Cardwell Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin Co. Memorial Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route # 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First NORA Middle BELLE Last MILLER			4. DATE OF DEATH Month Jan. Day 18 Year 1963
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 11/15/1883
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months 2 Days 3	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	11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Henry Vanover	
13b. MOTHER'S MAIDEN NAME Cindy Lou Palmer		14. NAME OF HUSBAND OR WIFE John W. Miller Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of No)		16. SOCIAL SECURITY NO.	
17. INFORMANT Lindy Miller		Address Cardwell Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) & mild pulmonary obstructive disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last.			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.			
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 7-20-62 to 1-18-63 and last saw her alive on 1-18-63 Death occurred at 10:04 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Cardwell Mo	22c. DATE SIGNED 1-26-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/20/1963	23c. NAME OF CEMETERY OR CREMATORY Silver Dale Cemetery	23d. LOCATION (City, town, or county) (State) Arbyrd Mo, Route
24. FUNERAL DIRECTOR HOWARD FUNERAL SERVICE Leachville Ark.		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

JUL 29 1963

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 W. H. Howard

Licensed Embalmer No. 3959

P. O. Address Beyleville, Ark.

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.