

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Yoshian Miller - 63-002056
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 16

FILED JAN 11 1963	
1. PLACE OF DEATH	
a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin	a. STATE Kansas b. COUNTY LaBette
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin General Hospital	c. CITY OR TOWN Oswego, Kansas Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b	d. STREET ADDRESS (If outside, give location) No Address Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last JAMES CLARENCE DAVIS	Month Day Year January 4 1963
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/18/96
9. AGE (last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
11. BIRTHPLACE (City and state or country) Bartlett, Kansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME William Davis	13b. MOTHER'S MAIDEN NAME Rosa Harris
14. NAME OF HUSBAND OR WIFE Ruby Brillhart Davis	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 Address Ruby Davis Oswego, Kansas
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Medullary failure	
DUE TO (b) Azotemia	
DUE TO (c) Prostatic hypertrophy	
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.	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 12-13-62 to 1-4-63 and last saw her alive on 1-4-63 Death occurred at 5:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deaf or or title) <i>James A. Yerham D.</i>	22b. ADDRESS Frisco Bldg, Joplin, Mo.
22c. DATE SIGNED 1-5-63	23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1/4/63	23c. NAME OF CEMETERY OR CREMATORY LAKE CREEK CEMETERY
23d. LOCATION (City, town, or county) (State) Bartlett, Kansas	24. FUNERAL DIRECTOR ADDRESS MILLER FUNERAL HOME, CHETOPA, KANSAS
25. DATE RECD. BY LOCAL REG. 1-7-1963	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

VS 300 Rev. 4/59
6499
28150
3
4 **0**
5 **1**
6
7 **1**
8 **0**
9/610X
10
11
12 **5-2**
13 **2-0**

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~^{was not} embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert A. York

Licensed Embalmer No. 5193

P. O. Address Joplin, 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.