

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005723

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 13

FILED FEB 25 1963

VS 300
Rev. 4/59

6001
20012
3
4 1
5 1
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7 1
8 2
9/57X
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12/1-2
13/1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Clay		b. CITY (If outside corporate limits, give TOWNSHIP only) Excelsior Springs		Length of stay in 1b 1 WEEK		a. STATE Missouri b. COUNTY Clay	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Excelsior Institute Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN: Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				d. STREET ADDRESS (If outside, give location) 132 Saratoga		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Forest		Middle Ruth		Last Miller		Month Jan. Day 28, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/10/1886	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days	IF UNDER 24 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Junction City, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE A.M. Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO. 4		17. INFORMANT A.M. Miller, Ex. Springs, Mo			
18. CAUSE OF DEATH (Enter only one cause)				INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED							
IMMEDIATE CAUSE (a)				manipulation + debilitation			
DUE TO (b)				Carcinomatous			
DUE TO (c)				Ca of Pancreas & Extensive metastasis			
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 checked="" type="checkbox"/>		20a. ACCIDENT. SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 12-6-62 to 1-28-63 and last saw ^{her} alive on 1-25-63 . Death occurred at 12:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Charles F. Lambert Do				22b. ADDRESS Excelsior Springs, Mo		22c. DATE SIGNED 1-30-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/30/1963		23c. NAME OF CEMETERY OR CREMATORY Crowley		23d. LOCATION (City, town, & county) (State) Rayville, Mo	
24. PREPARED BY (Name and address) Pritchard Funeral Home, Inc. Excelsior Springs, Missouri				25. DATE RECD. BY LOCAL REG. 1-28-63		26. REGISTRAR'S SIGNATURE Caroline Hutchings	

JAN 17 1964

Burial Permit Number 1-29-63 B.H.

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

Lance Jarman

Licensed Embalmer No.

4589

P. O. Address

Excelsior Springs, 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.