

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005905

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 45 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED MAR 15 1963</b>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Comcast</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u> Length of stay in 1b	
c. CITY OR TOWN <u>Holland</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osceola Hosp</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last	
<u>Curry L Miller</u>	
4. DATE OF DEATH Month Day Year <u>2-28-63</u>	
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>12-31-93</u> 9. AGE (last birthday) <u>69</u> IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> 11. BIRTHPLACE (City and state or country) <u>Jenn MO</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Henry Miller</u> 13b. MOTHER'S MAIDEN NAME <u>Eliza Benfro</u> 14. NAME OF HUSBAND OR WIFE <u>Cliff Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> 16. SOCIAL SECURITY NO. <u>[Redacted]</u> 17. INFORMANT Address <u>Cliff Jackson Holland MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Second and third degree burns of both arms, legs, neck and trunk of body</u> 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 checked="" type="checkbox"/> 20a. ACCIDENT SUICIDE HOMICIDE <u>Acc</u> <input type="checkbox"/> <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Lit cigarette, gas exploded</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>12:00 PM 2-28-63</u>	
20d. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Holland, Missouri MO</u>	
21. I attended the deceased from <u>2-28-63</u> to <u>2-28-63</u> and last saw him alive on <u>2-28-63</u> Death occurred at <u>9:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Quinton Tamm, M.D.</u> 22b. ADDRESS <u>Kennett, Mo.</u> 22c. DATE SIGNED <u>3-7-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u> 23b. DATE <u>3-2-63</u> 23c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u> 23d. LOCATION (City, town, or county) (State) <u>Stule MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Hermon Funeral Home Stule Mo.</u> 25. DATE RECD. BY LOCAL REG. <u>3-13-1963</u> 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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**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 Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address Steel, 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.