

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018776

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 36

FILED MAY 10 1963

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter</u>		Length of stay in 1b	c. CITY OR TOWN <u>Dexter</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>23 West Castor</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Jack</u> Middle <u>Logan</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>April</u> Day <u>30</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-20-1885</u>
9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>10</u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired monument engraver</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Goreville, Illinois</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Benjamin Miller</u>	
13b. MOTHER'S MAIDEN-NAME <u>Isabelle Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of <u>no</u> )		17. INFORMANT NO. <u>8</u> <u>Mrs. Lena Miller, 23 West Castor Dexter, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Debilitation</u> DUE TO (c) <u>Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>10 years</u>
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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>	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 <u>May 16, 1961</u> to <u>April 30, 1963</u> and last saw <sup>her</sup> him alive on <u>April 30, 1963</u> Death occurred at <u>9:45 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>L. H. Howell ce Poe D. O.</u>		22b. ADDRESS <u>Dexter, Missouri</u>	22c. DATE SIGNED <u>5-1-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-2-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sadler's Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>R.F.D. Dexter, Mo.</u>
24. FUNERAL DIRECTOR <u>Rainey Funeral Home, Dexter, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-4-63</u>	26. REGISTRAR'S SIGNATURE <u>Delma V. Fisher</u>

USE BLACK INK OR TYPEWRITER RIBBON

*Burial Record*  
*made 5/2/63*  
*JB*

66-5

**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 *Lucille Rainey*

Licensed Embalmer No. 7983

P. O. Address *Deerfield, 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.