

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019578

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 101 Primary Registration District No. \_\_\_\_\_ Registrar's No. 24

STATE FILE NUMBER

VS 300  
Rev. 4/59

10340

20340

3

4 1

5 2

6

7 0

8 0

9527.1

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>#### Benton, T. S.</b>		c. CITY OR TOWN <b>Ava</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Ava, Missouri</b>
3. NAME OF DECEASED (Type or print) <b>Cora Miller</b>		4. DATE OF DEATH <b>May 16, 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-15-86</b>
9. AGE (last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Squires, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>James Wise</b>	
13b. MOTHER'S MAIDEN NAME <b>Sallie Frye</b>		14. NAME OF HUSBAND OR WIFE <b>Isaac Miller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Lilly Skindore, Ava, Missouri</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Respiratory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10-15 hr</b>	
DUE TO (b) <b>Chronic Emphysema</b>		<b>10 yrs</b>	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic Myocarditis - 10-15 yr</b>		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. 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 <b>Ava, Missouri</b>	
21. I attended the deceased from <b>7-16-1933</b> to <b>5-16-63</b> and last saw her <sup>him</sup> alive on <b>5-16-63</b> Death occurred at <b>1: P. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>M. C. Denton M.D.</b> (Degree or title)		22b. ADDRESS <b>Ava Mo</b>	
22c. DATE SIGNED <b>5-17-63</b>			
23a. BURIAL, CREMATION, REMOVAL. (Specify) <b>Burial</b>	23b. DATE <b>5-20-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fannon</b>	
23d. LOCATION (City, town, or county) <b>Ava, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Clinkingbeard Funeral Home, Ava, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 19-63</b>	
26. REGISTRAR'S SIGNATURE <b>Vestal Bushman</b>			

USE BLACK INK OR TYPEWRITER RIBBON

0463  
0460

1  
A  
0  
0

0-09  
0-1

**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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava 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.