

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-020847

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 26

STATE FILE NUMBER

FILED MAY 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0690

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>MONROE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>PARIS</b>			Length of stay in 1b <b>3 YEARS</b>		c. CITY OR TOWN <b>PARIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>426 W. LOCUST ST.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>426 W. LOCUST ST.</b>	
3. NAME OF DECEASED (Type or print) <b>EUGENE L. MILLER</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>25</b> Year <b>1963</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/10/1898</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>15</b> Hours <b>-</b> Min. <b>-</b>	IF UNDER 24 HR. Hours <b>-</b> Min. <b>-</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>STOCK YARDS</b>		11. BIRTHPLACE (City and state or country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>WINSTON D. MILLER</b>			13b. MOTHER'S MAIDEN NAME <b>LAURA B. BERREY</b>		14. NAME OF HUSBAND OR WIFE <b>ALICE GERTRUDE MILLER</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W W I</b>			16. SOCIAL SECURITY NO.		17. INFORMANT <b>ALICE GERTRUDE MILLER</b> Address <b>426 W. LOCUST ST. PARIS, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Adenocarcinoma of colon</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (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)						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 <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		COUNTY	STATE
21. I attended the deceased from <b>2-7-63</b> to <b>5-25-63</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>5-24-63</b> Death occurred at <b>1:45</b> <sup>P</sup> m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>F. A. Barnett MD.</b> (Degree or title)				22b. ADDRESS <b>Paris, Mo.</b>		22c. DATE SIGNED <b>5/25/1963</b>	
23a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>5/27/1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>WALNUT GROVE CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>PARIS, Mo</b>	
24. FUNERAL DIRECTOR <b>E. H. AGNEW,</b>			ADDRESS <b>PARIS, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-25-63</b>		26. REGISTRAR'S SIGNATURE <b>F. A. Barnett M.D.</b>

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 E. M. Gignoux

Licensed Embalmer No. 4000

P. O. Address Paris, 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.