

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025091

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 227

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 8 1963

VS 300
Rev. 4/59

10648

28150

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wendell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u> Length of stay in 1b <u>2 days</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>Walter H. Miller</u> Hospital OR INSTITUTION <u>St. Elizabeth Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2807 Grand St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>F.</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>June</u> Day <u>27</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>Apr 16, 1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fulton, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William H. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Engle</u>	14. NAME OF HUSBAND OR WIFE <u>Alvin Miller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	17. INFORMANT Address <u>Alvin Miller - Kansas City, Kan</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>Shock</u> DUE TO (b) <u>Crushed pelvis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> <u>3 hrs</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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Heavy machine in quarry toppled over + pinned him to ground. (in Miller Township)</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>rock quarry</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Hannibal</u> <u>Marion</u> <u>Mo</u>
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>2:30 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Henry H. Sweet Jr. MD Coroner</u>		22b. ADDRESS <u>Hannibal Mo</u>	22c. DATE SIGNED <u>7/1/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>June 28, 63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
25. DATE RECD. BY LOCAL REG. <u>July 1, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by William M. Herman</u>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1963

AUG 16 1963

OCT 7 1963

JUL 15 1963

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 *Raymond Clark*

Licensed Embalmer No. 4217

P. O. Address *Hammond, 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.

Permit renewed 6/28/63