

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028082

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 382 Primary Registration District No. 5543 Registrar's No. 15

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 5 1963

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Howard</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Howard</b>                      |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Rt. 1 Franklin</b>   |   | Length of stay in 1b<br><b>71 years</b>   | c. CITY OR TOWN <b>Rt. 1 Franklin</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Boonslick Township</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Boonslick Township</b>   |
| 3. NAME OF DECEASED<br>(Type or print) <b>John Phillip MILLER</b>  |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>11</b> Year <b>1963</b>  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Jan. 4, 1892</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Self</b>  | 9. AGE (last birthday)<br><b>71</b>  |
| 13a. FATHER'S NAME<br><b>John Adam Miller</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Amanda J. Hickerson</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br><b>Yes War I</b>   |   | 17. INFORMANT<br>Address <b>Rt. 1 Mrs. Bertha M. Miller Franklin, Mo</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b><br>DUE TO (b) <b>CORONARY THROMBOSIS</b><br>DUE TO (c) <b>ARTERIOSCLEROSIS</b>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>few hours</b>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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>1945</b> to <b>1963</b> and last saw <sup>her</sup> him alive on <b>July 8-1963</b><br>Death occurred at <b>6:55 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE<br><i>Joe Hamba</i>   |   | 22b. ADDRESS<br><i>Blairton, Mo</i>   | 22c. DATE SIGNED<br><b>7-12-63</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>July 13, 1963</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Boonesboro Cem.</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Rt. 1 Franklin, Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Markland - Hall</b>   | ADDRESS<br><b>New Franklin, Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>July 31, 1963</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Walker Audsley</i>   |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

DATE AMENDED

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

|                |
|----------------|
| VS 300         |
| Rev. 4/59      |
| 1 <b>0450</b>  |
| 2 <b>0450</b>  |
| 3              |
| 4 <b>0</b>     |
| 5 <b>1</b>     |
| 6              |
| 7 <b>h</b>     |
| 8 <b>0</b>     |
| <b>9420.1</b>  |
| 10             |
| 11             |
| 12 <b>90-2</b> |
| 13 <b>2-0</b>  |

AUG 6 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 Tom D. Marbland

Licensed Embalmer No. 4592

P. O. Address New Franklin, 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.