

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033931

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8433** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300.	DATE AMENDED	AMENDED
Rev. 4/59		
1		
2 <i>22</i>		
3		
4 <i>2</i>		
5 <i>1</i>		
6		
7 <i>1</i>		
8 <i>2</i>		
9		
10		
11		
12 <i>90-0</i>	INSTEAD OF	DOCUMENT
13		
<i>90</i>	SHOULD READ	BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 29 1963	
1. PLACE OF DEATH	
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) St Louis	a. STATE MO. b. COUNTY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2610 A DAYTON	d. STREET ADDRESS (If outside, give location) 2610 A DAYTON
3. NAME OF DECEASED	
First HAYWOOD Middle Last MILLER	4. DATE OF DEATH
5. SEX MALE	6. COLOR OR RACE NEGRO
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-3-1911
9. AGE (last birthday) 52	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WINDOW WASHER
11. BIRTHPLACE (City and state or country) COLUMBUS MISS. U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HAYWOOD MILLER	13b. MOTHER'S MAIDEN NAME ANNIE HAIRSTON
14. NAME OF HUSBAND OR WIFE JEWELL MILLER	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
16. SOCIAL SECURITY NO.	17. INFORMANT MRS. JEWELL MILLER 2610 A DAYTON
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Carcinoma of pancreas metastasis to lung + liver	INTERVAL BETWEEN ONSET AND DEATH 6 mos.
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	DUE TO (b)
	DUE TO (c) 157X
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	
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	
20g. COUNTY	
20h. STATE	
21. I attended the deceased from 2-24-63 to 8-18-63 and last saw him alive on 8-12-63	
Death occurred at 10:20 A on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Edward B. Williams M.D.	22b. ADDRESS 2801 N. T. 2nd St. St. Louis
22c. DATE SIGNED 8-19-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-22-63
23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	
23d. LOCATION (City, town, or county) St. Louis Co. MO.	
24. FUNERAL DIRECTOR LOVE UNDERTAKING CO. 3103 WASHINGTON	25. DATE RECD. BY LOCAL REG. AUG 19 1963
26. REGISTRAR'S SIGNATURE Loed Smith. M.D.	

(Licensed Embalmer's Statement on Reverse Side)

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
MEMPHIS, TENNESSEE

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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 H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

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.

MISSISSIPPI DEPARTMENT OF HEALTH
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MEMPHIS, TENNESSEE