

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034914

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District 2-6-1964 Primary Registration District No. 4547 Registrar's No. 18

VS 300  
Rev. 4/59

1/130

2/130

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Grant City,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) <u>Jode</u>			First Middle Last <u>Millison</u>			4. DATE OF DEATH Month Day Year <u>July 15, 1963</u>													
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-17-1881</u>		9. AGE (last birthday) <u>82</u>		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) <u>Ret. Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Nitewatch</u>		11. BIRTHPLACE (City and state or country) <u>Grant City, Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>									
13a. FATHER'S NAME <u>Clark Millison</u>				13b. MOTHER'S MAIDEN NAME <u>Amanda Jane Simmons</u>				14. NAME OF HUSBAND OR WIFE <u>Never Married</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>Yes</u> <u>WW I</u>				16. SOCIAL SECURITY NO.				17. INFORMANT Address <u>Raymond Millison - Grant City, Missouri</u>											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <u>Acute Asthmatic attack</u> IMMEDIATE CAUSE (a) <u>Acute Asthmatic attack</u> INTERVAL BETWEEN ONSET AND DEATH <u>5min</u> 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) <u>Arteriosclerosis, generalized</u>										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 Month, Day, Year a.m. p.m.		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 <u>1947</u> to <u>7/15/63</u> and last saw her/him alive on <u>7/15/63</u> Death occurred at <u>10p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <u>Frank B. Matteson M.D.</u>						22b. ADDRESS <u>Grant City, Mo.</u>				22c. DATE SIGNED <u>7/17/63</u>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-18-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Grant City, Missouri</u>											
24. FUNERAL DIRECTOR <u>Bill Dunfee - Grant City, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>August 20, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>											

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 26 1968

**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

*Bill A. Dwyer*

Licensed Embalmer No.

*4908*

P. O. Address

*Grant City, 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.