

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035395

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 5226 Registrar's No. 166

FILED OCT 15 1963

VS 300  
Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Pleasant Township</u>		c. CITY OR TOWN <u>Belton</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 <u>28th USAF Hospital Richards-Gebaur AFB, Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>104 Hollywood St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MARIE</u> Middle <u>ELEANOR</u> Last <u>MILLER</u>		4. DATE OF DEATH Month <u>October</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>Female</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>28 Apr 1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City, and state or country) <u>Junction City, Kansas</u>
13a. FATHER'S NAME <u>Charles Franklin Day</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Bert Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. INFORMANT Address <u>Belton, Roy Bert Miller 104 Hollywood St Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignant neoplasm of stomach, primary site</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Approx 9 mos</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Hour _____ Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>18 Sep 63</u> to <u>7 Oct 1963</u> and last saw her/him alive on <u>7 Oct 1963</u>			
22a. SIGNATURE <u>W.R. White</u> (Degree or title) <u>CAPT USAF MC</u>		22c. DATE SIGNED <u>7 Oct 63</u>	
22b. ADDRESS <u>328th USAF Hospital Richards-Gebaur AFB, Missouri</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-10-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Government Cemetery</u>	
24. FUNERAL DIRECTOR ADDRESS <u>E.K. George &amp; Sons, Inc, Belton, Mo.</u>		23d. LOCATION (City, town, or county) <u>Ft. Riley, Kansas</u>	
25. DATE RECD. BY LOCAL REG. <u>10-9-63</u>		26. REGISTRAR'S SIGNATURE <u>Roy J. Seber</u>	

**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

*Sterling E. Goodard*

Licensed Embalmer No.

4911

P. O. Address

Grandview 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.