

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041818

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10117** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

11-5-63

Dorothea M. Miller

3 Dorothea C. Miller

DOCUMENT BY AFFIDAVIT OF Funeral Director

FILED OCT 17 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b Yrs	c. CITY OR TOWN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY St. Louis		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		St. Lukes		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1035 Llewellyn		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last DOROTHEA M. MILLER			4. DATE OF DEATH Month Day Year October 10, 1963						
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/6/04	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (City and state or country) Lodge, Mo.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Henry Miller			13b. MOTHER'S MAIDEN NAME Dora Hawn			14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		17. INFORMANT Address George Barker, Marble Hill, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subarachnoid Hemorrhage</i> <i>due to</i> <i>hypertensive cardiovascular disease</i> <i>443x</i> Conditions, if any, which give rise to above stated (a), (b), or (c) lying cause listed 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown								INTERVAL BETWEEN ONSET AND DEATH 4 hrs ?	
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>10-10-63</u> to <u>10-10-63</u> and last saw <u>her</u> alive on <u>10-10-63</u> Death occurred at <u>1:03 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Arden Morrison, M.D.</i>				22b. ADDRESS <i>St. Louis 17, Mo.</i>			22c. DATE SIGNED <i>10-10-63</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-12-63		23c. NAME OF CEMETERY OR CREMATORY Baptist Cemetery		23d. LOCATION (City, town, or county) (State) Marble Hill, Mo.			
24. FUNERAL DIRECTOR ADDRESS Ward Funeral Home, Lutesville, Mo.				25. DATE RECD. BY LOCAL REG. OCT 11 1963		26. REGISTRAR'S SIGNATURE <i>Ward Smith, M.D.</i>			

USE BLACK INK OR TYPEWRITER RIBBON

