

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050964

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 282 Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Polk</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Polk</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pleasant Hope</u>		c. CITY OR TOWN <u>Pleasant Hope</u>	
Length of stay in lb <u>18 Months</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bousman Home</u>		d. STREET ADDRESS (If outside, give location) <u>None</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Bessie Elizabeth Miller</u>			4. DATE OF DEATH Month Day Year <u>December 31, 1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>January 5 1880</u>
9. AGE (last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Shardan County, USA</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Simeon Dawell</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca E. Hayden</u>
14. NAME OF HUSBAND OR WIFE <u>Henry Miller Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>[Redacted]</u>
17. INFORMANT <u>Horace Miller</u>		Address <u>Pleasant Hope, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Cerebral vascular disease</u>			<u>6 mo</u>
DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u>			<u>7 yrs</u>
DUE TO (c) <u>vascular disease</u>			<u>1</u>
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.
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 a.m. 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 <u>Aug 1, 1963</u> to <u>Dec 31, 1963</u> and last saw him/her alive on <u>about Oct 1, 1963</u> . Death occurred at <u>10:50 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arthur D. Knate M.D.</u>		22b. ADDRESS <u>1620 N. Jefferson</u>	
22c. DATE SIGNED <u>1-10-64</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>1/4/64</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope, Mo.</u>	
23d. LOCATION (City, town, or county) <u>Pleasant Hope, Mo.</u>		23e. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell G.</u>	
24. FUNERAL DIRECTOR <u>Paul D. Butler</u> ADDRESS <u>Bolivar, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 16, 1964</u>	

VS 300
Rev. 4/59

1 1880
2 1740
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4 1
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7 11
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9 422.1
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12 86.0
13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

703117

Permit issued Jan 11, 1964

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 Paul D. Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, 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.

J.A.