MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-048501
STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 177

FILED DEC 17 1965

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0515
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. — BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg
Length of stay in 1b: 5 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Ross Nursing Home
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Mayview
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Frances Middle: M. Last: Miller

4. DATE OF DEATH: Month: December Day: 12 Year: 1965

5. SEX: Female

6. COLOR OR RACE: White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 1/15/04

9. AGE (last birthday): 61
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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and state or country): Lexington, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John C. Yates

13b. MOTHER'S MAIDEN NAME: Lucy Nicholson

14. NAME OF HUSBAND OR WIFE: Ryland T. Miller

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.: None

17. INFORMANT Address: Ryland T. Miller, Mayview, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bilateral Bronchopneumonia	1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Bilateral Pulmonary Congestion	1 Month
DUE TO (c)	Myocardial insufficiency	6 months

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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Nov 1965, to 12-12-65 and last saw her/him alive on 12-11-65
Death occurred at 5 30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Lee Cooper MD
22b. ADDRESS: Warrensburg Mo.
22c. DATE SIGNED: 12-13-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/15/65
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Higginsville Missouri

24. FUNERAL DIRECTOR ADDRESS: Wiegers Funeral Home, Higginsville Missouri
25. DATE RECD. BY LOCAL REG.: Dec. 13, 1965
26. REGISTRAR'S SIGNATURE: Savannah Cantatfield

(Licensed Embalmer's Statement on Reverse Side)

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Warrensburg, 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.