

5878

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED MAR 5 1957

STATE FILE NUMBER

 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		c. CITY OR TOWN <u>Orick</u> 0890	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital 1 Day</u>		d. STREET ADDRESS (If outside, give location) <u>Street not listed</u>	

3. NAME OF DECEASED (Type or print) First <u>Elvis</u> Middle <u>William</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>January</u> Day <u>23</u> Year <u>1957</u>		
5. SEX <u>Male</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>June 23, 1913</u>		9. AGE (In years last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Agent Telegrapher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Lexington, Missouri</u>	
13. FATHER'S NAME <u>John Miller</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Hunt</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Edith Miller, Orick, Missouri</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>				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.) <u>2</u>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <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.) <u>2-22-57</u>		20f. CITY, TOWN, OR LOCATION <u>Orick, Missouri</u>	
21. I attended the deceased from <u>Feb 1-57</u> to <u>2-22-57</u> and last saw <u>her</u> alive on <u>2-22-57</u> Death occurred <u>5:30 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>EB Ray MD</u>		(Degree or title)		22b. ADDRESS <u>Richmond, Missouri</u>	
22c. DATE SIGNED <u>2-25-57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 25, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial City Cem.</u>	
23d. LOCATION (City, town, or county) <u>Missouri, Missouri</u>		(State)			
24. FUNERAL DIRECTOR <u>2401 N. 1st St. FUNERAL HOME</u>		25. DATE REC'D. BY LOCAL REG. <u>Feb 25-1957</u>		26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which by themselves or in combination with diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

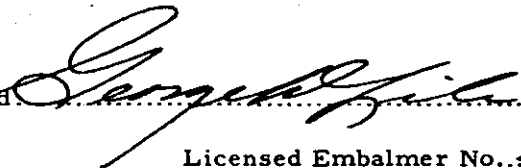
Received Feb 25

MAR 18 1957

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 .....
Licensed Embalmer No.

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.