No. 300
10-48

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13726

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Noel
c. LENGTH OF STAY (in this place) 14 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Noel 0600
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) I c. (Last) Miles

4. DATE OF DEATH (Month) (Day) (Year) April 30 1950

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Aug 29 1887
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. 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 (State or foreign country) Kentucky 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Taylor B. Ingels
13b. MOTHER'S MAIDEN NAME Mahala McNeese
14. NAME OF HUSBAND OR WIFE Joe Alvin Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Elizabeth ~~Miles~~ Click ADDRESS Noel, Mo. R2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 331 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from June, 1948, to April 30, 1950, that I last saw the deceased alive on April 30, 1950, and that death occurred at 2 05 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] 423
23b. ADDRESS Noel Mo
23c. DATE SIGNED April 30 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Parsons Kans

DATE REC'D BY LOCAL REG. 5-2-50
REGISTRAR'S SIGNATURE Mayme Humphrey 423
25. FUNERAL DIRECTOR'S SIGNATURE [signature] Silvan ADDRESS Sfogo Ark

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAY 8 1950
District Health Office No. 6,
District File Number 550-554
Date Filed 5-8-50

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 .....
Student Embalmer

Signed [signature]

Licensed Embalmer No. 3211

P. O. Address Sloan Spgs Ar

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 this body is not embalmed, fact should be so stated above.