

FILED JUN 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 20615BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5604 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Montserrat</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montserrat, Missouri</u> <u>0510</u>	
c. LENGTH OF STAY (in this place) <u>20 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Warrensburg, RFD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg, RFD</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earnest</u> b. (Middle) <u>F.</u> c. (Last) <u>Miles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 22, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 5, 1931</u>	9. AGE (In years last birthday) <u>19</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seaman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Navy</u>	11. BIRTHPLACE (State or foreign country) <u>Montserrat, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Miles</u>	13b. MOTHER'S MAIDEN NAME <u>Nadine O'Dell</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>487-34-2349</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Miles, Montserrat, Missouri</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head injuries received in</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2:11:4</u> <u>27</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Collision between car</u>		
	DUE TO (c) <u>M.P. Train # 10 at crossing near Montserrat Mo.</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>051</u>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 22, 1951 1:25A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rawlins M.D.</u> (Degree or title)	23b. ADDRESS <u>Coroner Johnson Co - Holden Mo</u>	23c. DATE SIGNED <u>6/22/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knobnoster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knobnoster, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 23, 1951</u>	REGISTRAR'S SIGNATURE <u>Earnest L. Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u>	ADDRESS <u>Knobnoster Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 16 1951

AUG 21 1951

RECEIVED
JUN 25 1951

JOHNSON COUNTY HEALTH DEPT.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. A. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrsburg, 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 this body is not embalmed, fact should be so stated above.