

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5972 Registrar's No. 154

0840

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

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Flemington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Flemington 0840	
c. LENGTH OF STAY (in this place) 72 yrs		d. STREET ADDRESS (If rural, give location) R 1 Humansville 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Estella	b. (Middle)	c. (Last) Miles	12/22/51		

5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 22 1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hickory Co. Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Lindsey	13b. MOTHER'S MAIDEN NAME Cynthia Jones	14. NAME OF HUSBAND OR WIFE James L. Miles
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Roberta Miles Humansville
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **March**, 1946, to **Dec**, 1951, that I last saw the deceased alive on **12-21**, 1951, and that death occurred at **12:05A** m., from the causes and on the date stated above.

23a. SIGNATURE R. W. Robinson M.D. (Degree or title)	23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 12/22/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/23/51	24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery	24d. LOCATION (City, town, or county) (State) Humansville, Mo.
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DATE REC'D BY LOCAL REG Dec. 24, 1951	REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon 258	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Primm Funeral Home, Humansville, Mo.
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AUG 23 1955

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 *O. H. Beskwith*

Licensed Embalmer No. *3937*

P. O. Address *Humansville*

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.