

# STANDARD CERTIFICATE OF DEATH

23867

State File No. ....

BIRTH NO. FILED JUL 21 1952 REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 4080 Registrar's No. 11

0170  
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norborne</u>	
c. LENGTH OF STAY (in this place) <u>5 Years</u>		d. STREET ADDRESS (If rural, give location) <u>102 East Wood Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 East Wood Street.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Francis</u> c. (Last) <u>Miles.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15/1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 25/1872</u>	9. AGE (In years last birthday) <u>80</u>	9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Shelby County Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Frank Miles</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine O'Daniel.</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Clifford Miles</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clifford C. Miles</u> ADDRESS <u>Norborne Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>bedden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Attack.</u>		
	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"/>
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) <u>4330</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from bedden 107-165-57, that I last saw the deceased alive on 7-12-52, and that death occurred at 8 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>B. G. Cole</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Norborne Mo</u>	23c. DATE SIGNED <u>7-16-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/17/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairhaven Cemetery.</u>
		24d. LOCATION (City, town, or county) (State) <u>Norborne. Mo.</u>

DATE REC'D BY LOCAL REG. <u>JULY 16-1952</u>	REGISTRAR'S SIGNATURE <u>Eileen Pennington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John S. Ditch</u> ADDRESS <u>Norborne Mo</u>
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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 Me.

working under my personal supervision.

Student Embalmer No.....

Signed.....

John G Deitch

Signed.....  
Student Embalmer

Licensed Embalmer No. 3654

P. O. Address Naubornes 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.