

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9580

State File No. ....

FILED MAR 27 1956

BIRTH NO. 16454-56 REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5605 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Wisconsin</u> b. COUNTY <u>Walworth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elkhorn</u>	
c. LENGTH OF STAY (in this place) <u>7 hr 23 Min</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Whiteman AF Base Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Keith</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Miles</u>	4. DATE OF DEATH (Month) <u>March</u> (Day) <u>19</u> (Year) <u>1956</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>March 19, 1956</u>	9. AGE (In years last birthday) <u>13</u>	IF UNDER 1 YEAR Months <u>13</u> Days <u>23</u>	IF UNDER 2 HRS. Hours <u>7</u> Mins. <u>23</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Township, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Doris Elmer Miles</u>	13b. MOTHER'S MAIDEN NAME <u>Maryjane Agnes Lazzeroni</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>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Doris Elmer Miles</u>	ADDRESS <u>755th Ave. Wagon, Williams Bay, Wis.</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hr 23 min</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Immaturity</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>12:30 PM</u>
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22. I hereby certify that I attended the deceased from 5:07 AM March 19, 1956, to March 19, 1956, that I last saw the deceased alive on 19 March, 1956, and that death occurred at 12:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>John S. Jones M.D.</u>	23b. ADDRESS <u>4236th USAF Hospital</u>	23c. DATE SIGNED <u>19 Mar 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>3-22-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Conglwood cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
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DATE REC'D BY LOCAL REG. <u>3/19/56</u>	REGISTRAR'S SIGNATURE <u>Laura L. Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman &amp; Dunning</u>	ADDRESS <u>Clinton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1490

RECEIVED  
MAR 26 1956  
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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert S. Summey

Licensed Embalmer No. 4710

P. O. Address Clinton 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.