

FILED APR 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9847

State File No.

BIRTH NO.		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>8-56</u>	
1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Eldon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Humphreys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>320 N. Mill</u> <u>066/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>VICTOR</u> c. (Last) <u>MILES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 16, 1956</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>Oct. 15, 1894</u>	
9. AGE (In years last birthday) <u>61</u>		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) <u>Salesman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Encyclopedia Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>McFall, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Newton Miles</u>			13b. MOTHER'S MAIDEN NAME <u>Priscilla J Hoffman</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Miles</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>499-20-2721</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Miles</u> <u>Eldon, MO.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Metastatic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Possible Primary from Left Kidney</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>questioned</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180x</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>3/13/56</u> , 19 <u>56</u> , to <u>3/16/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/16/56</u> , 19 <u>56</u> , and that death occurred at <u>1:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. E. Humphreys D.O.</u>				23b. ADDRESS <u>Tuscumbia, Mo.</u>		23c. DATE SIGNED <u>3-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		24d. LOCATION (City, town, or county) (State) <u>Eldon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 24, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. G. Kallenbach</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis W. Chelino</u>		ADDRESS <u>Eldon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

mo.

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

300
4822
0



APR 2 1956

STATE DEPARTMENT OF HEALTH
DEPARTMENT

APR 3 1956

APR 4 1956

APR 10 1956

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
Signature of Student Embalmer

Signed *Louis W. Phillips*

Licensed Embalmer No. *36*

P. O. Address *Eldon*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.