S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1956

State File No. 31523

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4365 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newtonia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Newtonia
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0120

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Franklin
c. (Last): Miracle

4. DATE OF DEATH (Month) (Day) (Year): 9-20-1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 9. 1889
9. AGE (In years last birthday): 67 — 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): Nursery Man
10b. KIND OF BUSINESS OR INDUSTRY: Neosho Nurseries
11. BIRTHPLACE (City and State or Foreign Country): Petegrew Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Dickson Miracle
13b. MOTHER'S MAIDEN NAME: Emma Long
14. NAME OF HUSBAND OR WIFE: Ida Mae Miracle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Ida Mae Miracle — ADDRESS: Newtonia Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic diffuse glomerular nephritis — INTERVAL BETWEEN ONSET AND DEATH: 8 mos

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: 592x
20. AUTOPSY? YES [ ] NO [X]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 3, 19 56, *to* Sept 16, 19 56, *that I last saw the deceased alive on* Sept 16, 19 56, *and that death occurred at* 11:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles O. Chester (Degree or title): D.O.
23b. ADDRESS: Granby, Mo.
23c. DATE SIGNED: 9/22/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-23-1956
24c. NAME OF CEMETERY OR CREMATORY: Dice
24d. LOCATION (City, town, or county) (State): Newton County Missouri

DATE REC'D BY LOCAL REG.: 9-28-56
REGISTRAR'S SIGNATURE: Alpha Dyer
25. FUNERAL DIRECTOR'S SIGNATURE: Darley Thompson Sr. — ADDRESS: Neosho Mo.

(Licensed Embalmer's Statement on Reverse Side)

3 69-0

RECEIVED

District Health Officer No. Newton

District File Number 1056-163

Date Filed OCT 3 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4[illegible]

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.