

STANDARD CERTIFICATE OF DEATH

43440
STATE FILE NUMBER

FILED DEC 23 1957

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 104

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1019 Gulf		d. STREET ADDRESS (If outside, give location) 607 Grand	
3. NAME OF DECEASED (Type or print) First CHARLES Middle C. Last MILLER		4. DATE OF DEATH Month Dec Day 16 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 27 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mulberry, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME William Mibler	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Delores Finch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-05-5751	
17. INFORMANT Mrs. Delores Miller, Lamar, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:00 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated:			
22a. SIGNATURE Clarence Nichol		22b. ADDRESS Corona 3 Lamar MO	22c. DATE SIGNED Dec 16 57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Dec 20 1957	23c. NAME OF CEMETERY OR CREMATORY Lake	23d. LOCATION (City, town, or county) (State) Lamar, Missouri
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		ADDRESS	25. DATE RECD. BY LOCAL REG. DEC 20 '57
			26. REGISTRAR'S SIGNATURE Marie Konantz

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 2

JAN 8

1958

1958

AUG 30 1961

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 *Charles D. Child*

Licensed Embalmer No. *3473*

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