

FILED MAR 4 - 1958

 DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 10446-58
 58-006776
 STATE FILE NUMBER

 Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Polk</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Humansville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Collins</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dimmitt Mem. Hosp.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Alvin</u> Last <u>Miller</u>			4. DATE OF DEATH Month <u>2</u> Day <u>18</u> Year <u>58</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-18-58</u>		9. AGE (In years last birthday) <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>Humansville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Harry Alvin Miller Sr.</u>			14. MOTHER'S MAIDEN NAME <u>Peggy Janet Broyles</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Harry Alvin Miller Sr. Collins, Mo.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dying at Birth -</u> DUE TO (b) <u>Breath delivery taking too much time</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					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.) <u>7610</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <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 <u>2/18/58</u> to <u>2/18/58</u> and last saw ^{her} him alive on <u>2/18/58</u> Death occurred at <u>10:55am</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>G. H. Robinson</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>Humansville, Mo.</u>		22c. DATE SIGNED <u>2/23/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-19-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cedar County Missouri</u>
24. FUNERAL DIRECTOR <u>Beckwith Funeral Home Humansville</u>			25. DATE RECD. BY LOCAL REG. <u>Feb 25, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>

(Licensed Embalmer's Statement on Reverse Side)

 alsh,
 elfare
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms may be mentioned in Part I unless they are directly related to the death. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *O. H. Beckwith*.....

Licensed Embalmer No. *395*

P. O. Address *Humana*

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