

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014928
STATE FILE NUMBER

FILED APR 24 1958

Registration District No. 167 Primary Registration District No. 3040 Registrar's No. 120

300
1-57
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1. PLACE OF DEATH a. COUNTY LIVINGSTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LIVINGSTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GRAND RIVER TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY		Length of stay in 1b 1 DAY	d. STREET ADDRESS (If outside, give location) 1 MILE S.W. BEDFORD		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GOLDA Middle FELIX Last MIKLES			4. DATE OF DEATH Month APRIL Day 12 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 25 NOV. 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY ON FARM		11. BIRTHPLACE (City and state or country) WHEELING, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME FELIX MIKLES		13b. MOTHER'S MAIDEN NAME LUE WATSON	
14. NAME OF HUSBAND OR WIFE -		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes and/or unknown) (If yes, give year or dates of service) YES WWI		16. SOCIAL SECURITY NO. -	
17. INFORMANT ALVA WATSON: AVALON, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation		INTERVAL BETWEEN ONSET AND DEATH Four Minutes	
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) House burnt down. Pt got 100% 2nd burn before getting out of house			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Chillicothe, Livingston, Mo.		COUNTY Livingston STATE MO.	
21. I attended the deceased from Nov 1957 to Nov 1957 and last saw her alive on April 12-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph G. Conrad M.D. (Coroner)			22b. ADDRESS Chillicothe, Mo		22c. DATE SIGNED Apr 13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-14-58	23c. NAME OF CEMETERY OR CREMATORY WHEELING		23d. LOCATION (City, town, or county) WHEELING, MO.
24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: CHILLICOTHE MO		ADDRESS		25. DATE RECD. BY LOCAL REG. 4/13/58	26. REGISTRAR'S SIGNATURE Frances B Reed

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

APR 24 1958

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 *Elton F. Namm*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe, 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.