

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038763

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 002 Primary Registration District No. 5015 Registrar's No. 68

300
1-57

3

no symptoms were observed

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Township Amazonia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Amazonia Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 1/2 mi. S.E. of Amazonia		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 002 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LONNIE Middle DEAN Last MILLER			4. DATE OF DEATH Month November Day 30 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 Nov. 10, 1942
9. AGE (In years last birthday) 16		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (City and state or country) Maryville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ben Miller	
13b. MOTHER'S MAIDEN NAME Helen Turner		14. NAME OF HUSBAND OR WIFE	
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. none	17. INFORMANT Ben Miller, Amazonia, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxemia DUE TO (b) Shotgun charge into right lung. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b), and (c). Lack of adult supervision.			INTERVAL BETWEEN ONSET AND DEATH minutes >> 9198
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.) 11-year old boy accidentally discharged his #10 single-			
20c. TIME OF INJURY 3:45 p.m. Nov. 30, 1958			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Missouri River Levee		20f. CITY, TOWN, OR LOCATION 002 COUNTY Andrew STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw ^{her} him alive on _____ Death occurred at 3:45p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. Maxwell, D.O., Coroner		22b. ADDRESS 307 W. Main, Savannah, Mo.	22c. DATE SIGNED 12/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/2/1958	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
23d. LOCATION (City, town, or county) Amazonia, Missouri		(State)	
24. FUNERAL DIRECTOR Heaton Bowman		25. DATE RECD. BY LOCAL REG. 12-8-58	26. REGISTRAR'S SIGNATURE Lillian Sparks
ADDRESS St. Joseph, Mo.			

DEC 18 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 *William Gulking*

Licensed Embalmer No. *4535*

P. O. Address *St. Joseph, 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.