

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000782
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 101 Primary Registration District No. Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas					
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Lincoln		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Seymour		6346 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS Route 4,		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Travis Middle N. Last Miller				4. DATE OF DEATH Month Jan. Day 12, Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 16, 1880		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Simmons, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Miller				14. MOTHER'S MAIDEN NAME Unknown					
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. 49142-3689		17. INFORMANT Address Ira W. Allen, R. 4, Seymour, 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) Embolic Encephalomalacia							INTERVAL BETWEEN ONSET AND DEATH ?		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cardiac Moral Thrombus formation & Thrombotic Myocardial Infarction					2 WKS		
		DUE TO (c) Arteriosclerosis					?		
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 1:40 Month, Day, Year 1-14-59			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 Seymour COUNTY STATE	
21. I attended the deceased from Dec-30-58 to JAN-12-59 and last saw ^{her} alive on JAN-12-59 Death occurred at 1:40 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. R. Hill (Degree or title) D.O.				22b. ADDRESS 2 Seymour			22c. DATE SIGNED 1/16/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-14-59	23c. NAME OF CEMETERY OR CREMATORY Dogwood		23d. LOCATION (City, town, or county) (State) Ava, Missouri				
24. FUNERAL DIRECTOR Clinkingberd Funeral Home, Ava, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Jan 19-59		26. REGISTRAR'S SIGNATURE Vestal Bushman			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles R. Fish*.....

Licensed Embalmer No. *46*

P. O. Address *Ev., m.*

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