

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007612

FILED VS FEB 24 1960 278

Registration District No. Primary Registration District No. 3054 Registrar's No. 22

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Pike</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pike</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Louisiana</i>		Length of stay in 1b <i>Life</i>	c. CITY OR TOWN <i>Louisiana</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>510 South Sixth</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>510 South Sixth</i>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>James</i> Middle Last <i>Miles</i>			4. DATE OF DEATH Month <i>February</i> Day <i>12</i> Year <i>1960</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10/12/1891</i>	9. AGE (last birthday) <i>68</i>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Care taker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Theater</i>	11. BIRTHPLACE (City and state or country) <i>Louisiana, Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Table Miles</i>		13b. MOTHER'S MAIDEN NAME <i>Eliza (Unknown)</i>		14. NAME OF HUSBAND OR WIFE <i>Fannie Miles</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>494-20-6202</i>	17. INFORMANT <i>Wife</i>	Address <i>Louisiana, Missouri</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <i>12 hour</i>
IMMEDIATE CAUSE (a) <i>Insulin Shock</i>		
DUE TO (b) <i>Accidental over dose long acting insulin</i>		
DUE TO (c) <i>Diabetes malitis.</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral vascular hemorrhage.</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	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 *Dec 23, 1959* to *Feb 12, 1960* and last saw him *Feb 11, 1960* alive on *Feb 11, 1960*
Death occurred at *4:30* *A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print name or title) <i>Advised Bulgen DO</i>		22b. ADDRESS <i>Louisiana, MO</i>	22c. DATE SIGNED <i>Feb 15/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>February 16, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Reverview</i>	23d. LOCATION (City, town, or county) (State) <i>Louisiana, Missouri</i>

24. FUNERAL DIRECTOR <i>J. B. Sterne, Louisiana, Missouri</i>	25. DATE RECD. BY LOCAL REG. <i>2-17-60</i>	26. REGISTRAR'S SIGNATURE <i>Bernice Culbert</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed J. B. Starnel

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.