

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033358

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6070 Registrar's No. 364

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 12 1963

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Twp</u>		c. CITY OR TOWN <u>Bono</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 67.3 Mi S Farmington</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Helen</u> Middle <u>Miles</u> Last <u>Miles</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>2</u> Year <u>1963</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/2/1906</u>	9. AGE (last birthday) <u>56</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Greene Co. Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Charley Doyle</u>		13b. MOTHER'S MAIDEN NAME <u>Maudie Willcockson</u>		14. NAME OF HUSBAND OR WIFE <u>Charley E Miles</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Charley E Miles, Bono, Arkansas</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>Head and internal injuries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>D.O.A.</u>
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))		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.) <u>Automobile accident</u>	
20c. TIME OF INJURY Hour <u>10:30</u> a.m. Month, Day, Year <u>SEPT 2, 1963</u>		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.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>4 MILES N. DD Hwy 67</u> COUNTY <u>ST FRANCOIS</u> STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>10:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Ted Boyer Corner</u>		22b. ADDRESS <u>Bonne Terre, Mo</u>		22c. DATE SIGNED <u>9-2-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9/2/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Bono, Arkansas</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Mitchell Funeral Home, Paragould, Ark.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 2, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300 Rev. 4/59
10940
28030
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4 1
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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:

Bert J. Miller

Licensed Embalmer No.

3752

P. O. Address

Farmington, 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.