

FILED MAR 2 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4316

State File No.

Registrar's No. 44

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>Jefferson City Mo.</u>	c. LENGTH OF STAY (in this place) <u>24 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>711 E Miller St</u>		d. STREET ADDRESS (If rural, give location) <u>711 East Miller St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>HENRY</u> c. (Last) <u>MILES</u>		4. DATE OF DEATH (Month) - (Day) (Year) <u>2-22-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>7-28-1896</u>
9. AGE (In years last birthday) <u>53</u>	10. MONTHS <u>6</u>	11. DAYS <u>22</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lincoln University</u>	11. BIRTHPLACE (State or foreign country) <u>Cumberland, Maryland</u>	
13a. FATHER'S NAME <u>Thomas Henry Miles Sr</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Marion Miles</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>World War I</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Marion Miles</u> ADDRESS <u>711 East Miller St</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. *AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Feb 21, 1950</u> , to <u>Feb 22, 1950</u> , that I last saw the deceased alive on <u>Feb 21, 1950</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>V. Vanagawa MD</u> (Degree or title)		23b. ADDRESS <u>1 Dallmeier Bldg</u>	
23c. DATE SIGNED <u>2/23/50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u> DATE <u>Feb 23 1950</u> 24c. NAME OF CEMETERY OR CREMATORY <u>Cumberland</u> 24d. LOCATION (City, town, or county) (State) <u>Cumberland - Maryland</u>	
DATE REC'D BY LOCAL REG. <u>Feb 23-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Harris MD - R.R. 68</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robinson Service - 502 Fayette</u> ADDRESS _____	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

264
1

MAR 8 1950

APR 20 1950

MAR 27 1950
District File Number

RECEIVED
FEB 27 1950
District Health Officer No. 9

AUG 7 1950

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Ronald P. Freeman*

Licensed Embalmer No. *4623*

P. O. Address *J.C.M.O.*

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 this body is not embalmed, fact should be so stated above.