

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34355

State File No. ....

BIRTH NO. .... REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5932 Registrar's No. 336

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaMonte</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaMonte</b> <b>0800</b>	
c. LENGTH OF STAY (In this place) <b>11 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b>		b. (Middle) <b>Comfort</b>	
c. (Last) <b>Miles</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 29 50</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 4 1880</b>
9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>2</b>	IF UNDER 24 HRS. Hours <b>28</b>	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Steven Culbertson</b>		13b. MOTHER'S MAIDEN NAME <b>----- Dennis</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles B. Miles</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Charles B. Miles</b>		ADDRESS <b>LaMonte Mo.</b>	
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Eleven Amps - Bilateral</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Breast Right.</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death <b>Myocardial Regeneration</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>2 mo</b>		<b>2 1/2 yrs</b>	
<b>170X</b>		<b>6 mo.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (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) (Min.)		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 <b>March 1948</b> , to <b>Oct 29</b> , 1950, that I last saw the deceased alive on <b>Oct 29</b> , 1950, and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H.E. Walker M.D.</b> (Degree or title)		23b. ADDRESS <b>LaMonte Mo.</b>	
23c. DATE SIGNED <b>10-30-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-31-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>LaMonte Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>LaMonte Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-31-1950</b>		REGISTRAR'S SIGNATURE <b>Paul M. Moore</b>	
FUNDERAL DIRECTOR'S SIGNATURE <b>Paul M. Moore</b>		ADDRESS <b>LaMonte Mo</b>	

(Signed Embalmer) Statement on Reverse Side)

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

No. 300  
10. 483800  
1

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

11/6/50

**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 \_\_\_\_\_  
Student Embalmer

Signed

Paul M. Moore

Licensed Embalmer No.

3923

P. O. Address

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