

FILED APR 13 1951

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

State File No. 7698

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BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hutton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> 0972	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 1</u>		d. STREET ADDRESS (If rural, give location) <u>725 E West</u> 1	
3. NAME OF DECEASED (Type or Print) <u>ALFONSO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1951</u>	
s. (First)		b. (Middle)	
c. (Last) <u>MILES</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct 4 1931</u>
9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months <u>6</u> Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Partner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Partner</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lewis E Miles</u>		13b. MOTHER'S MAIDEN NAME <u>Onessa Murray</u>	
14. NAME OF HUSBAND OR WIFE <u>none</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. <u>DK</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 201</u>		ADDRESS <u>Hutton Mo</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>Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Psychosis</u> 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 checked="" type="checkbox"/>		<u>4222</u>	
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) (Minute)		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>Jan 20 1951</u> , to <u>April 4 1951</u> , that I last saw the deceased alive on <u>April 3 1951</u> , and that death occurred at <u>2:32 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. P. Hunter, M.D.</u>		23b. ADDRESS <u>Hutton Mo</u>	
23c. DATE SIGNED <u>4/4/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 4-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>J. P. DK</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 4-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Green & Sons</u>		ADDRESS <u>East Green Mo</u>	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 10 1951

RECEIVED

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.

Signed _____
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.