No. 300
10.48

FILED AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28723

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 81

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

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Macon
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Macon
d. STREET ADDRESS (If rural, give location) 112 Prarie

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Thomas c. (Last) Miles

4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 17, 1866
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Agt.
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (City and State or Foreign Country) Adair Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Jacob Miles
13b. MOTHER'S MAIDEN NAME Margaret Shetzley
14. NAME OF HUSBAND OR WIFE Bertha E. Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lewis J. Lucas ADDRESS Chicago, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-renal insufficiency — INTERVAL BETWEEN ONSET AND DEATH 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. urethral strictures - causing difficult elimination urine ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442 x
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1952 to Aug 8, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald E Eggleston MD
23b. ADDRESS Macon, Mo.
23c. DATE SIGNED 12 Aug 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8/10/52
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Oakwood
24d. LOCATION (City, ~~town, or county~~) Macon (State) Mo.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Ruth McNeely 18500
25. FUNERAL DIRECTOR'S SIGNATURE Albert Skinner ADDRESS Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Thos. L. Bott

Licensed Embalmer No. 4552

P. O. Address Macon, 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.