

U.S. No. 30p11-0 NOV 12 1952

STANDARD CERTIFICATE OF DEATH

36661

State File No. _____

10-48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9497**

1. PLACE OF DEATH a. COUNTY X		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat	
c. LENGTH OF STAY (In this place) 24 hrs		0810	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	(First) Elsie	(Middle) Beatrice	(Last) Miles	4. DATE OF DEATH (Month) (Day) (Year) Oct. 11 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 23, 1901	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR	IF UNDER 10 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Hiawatha, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ora
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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 Robert Miles, 4345 Norfolk	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock	<p>20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	
	<p>ANTECEDENT CAUSES</p> <p>Due to (b) myocardial infarction</p>		2 wks
	<p>Due to (c) hypertension</p>		10 yrs
<p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 443X
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22. I hereby certify that I attended the deceased from **10/10 1952** to **10/11/52 1952**, that I last saw the deceased alive on **10/11/52 1952**, and that death occurred at **5:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Adrian M. O'Connell M.D.	23b. ADDRESS 310 Belt St. Lawrence Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE 10-12-52	24c. NAME OF CEMETERY OR CREMATORY Hiawatha, Kansas.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. OCT 14 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd
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(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed John L. Dennehy
Licensed Embalmer No. 4199

P. O. Address _____

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.