No. 300
10.48

0490
1

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5266

BIRTH NO. FILED MAR 5 1954 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5582 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural - Jackson
c. LENGTH OF STAY (In this place): 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1, Diamond

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Diamond
d. Is Residence within limits of a city or incorporated town? Yes ☐ No. ☒
e. STREET ADDRESS (If rural, give location): Route 1

0490

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): LOYD
c. (Last): MIKSELL

4. DATE OF DEATH (Month) (Day) (Year): February 23, 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct 30, 1882
9. AGE (In years last birthday): 71 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (City and State or Foreign Country): unknown, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Della Duke Miksell

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.: 500-09-2230
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Della Miksell, Rte 1, Diamond, Mo

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) Myocardial collapse — INTERVAL BETWEEN ONSET AND DEATH: immed

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Auricular Fibrillation — 18 mnths
DUE TO (c) Coronary Artery disease — senile

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized Atherosclerosis — "

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4201
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* Dec, 1952, *to* 2-11, 1954, *that I last saw the deceased alive on* 2-11, 1954, *and that death occurred at* 7:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Martin (Degree or title) D.O.
23b. ADDRESS: 709 Joplin St, Joplin Mo
23c. DATE SIGNED: 2-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb 28, 1954
24c. NAME OF CEMETERY OR CREMATORY: Stone Cemetery
24d. LOCATION (City, town, or county) (State): Jasper County, Missouri

DATE REC'D BY LOCAL REG.: 2-27-54
REGISTRAR'S SIGNATURE: Lloyd B. Clinton M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Knell Mortuary Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 4 195
Jasper County Health Office
County File Number 54-3-18
Date Filed MAR 4 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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