

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16588**

|  |  |   |  |  |  |  |  |   |   |  |
|--|--|---|--|--|--|--|--|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>195</b>   |  | PRIMARY REG. DIST. NO. <b>4308</b>   |  | Registrar's No. <b>33</b>  |  |   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Mc. Donald</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> |  |  |  | b. COUNTY _____   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Noeh</b>  |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>SAVANNAH RT 0600</b>            |  | d. STREET ADDRESS (If rural, give location) _____                      |  |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>NONE</b>   |  |   |  |  |  |  |  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>VERNON</b>   |  |   | b. (Middle) <b>hloyd</b>                         |  |  | c. (Last) <b>Mihner</b>  |  |   |   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>4-10-1954</b>   |  | 5. SEX<br><b>M</b>  |  | 6. COLOR OR RACE<br><b>W</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>M</b>     |  | 8. DATE OF BIRTH<br><b>Sept 24, 1925</b>  |   |  |
| 9. AGE (In years last birthday)  |  | IF UNDER 1 YEAR<br>Months   |  | IF UNDER 1 YEAR<br>Days  |  | IF UNDER 1 Wk.<br>Hours  |  | IF UNDER 1 Wk.<br>Min.  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>FARMER</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>JAME</b> |  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Andrew County, Mo.</b> |  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |  |
| 13a. FATHER'S NAME<br><b>ADRA MILLER</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Ehsie Wise</b>   |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Dottie Miller</b>                    |  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)<br><b>YES W. War II</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>NONE</b>           |  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>E850X 38</b>                   |  |   | ADDRESS _____                                 |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental Drowning</b>  |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |   |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Boating Accident Elk River Noel, Mo.</b> |  |  |  |  |  | Sudden  |   |  |
|  |  | DUE TO (c) _____  |  |  |  |  |  |   |   |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>E850X 38</b>                          |  |  |  |  |  |   |   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>060</b> (STATE) _____                       |  |  |   |   |  |
| 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? _____   |  |  |   |   |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:30 P.m.</b> , from the causes and on the date stated above. |  |   |  |  |  |  |  |   |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>H. M. Humphrey, Coroner Noel, Mo.</b>   |  |   |  |  | 23b. ADDRESS<br><b>SAVANNAH, RT. 0600</b>  |  |  | 23c. DATE SIGNED<br><b>4-11-54</b>  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>  |  | 24b. DATE<br><b>4-11-1954</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>SAVANNAH CEM.</b>   |  |  | 24d. LOCATION (City, town, or county) (State)<br><b>SAVANNAH, RT. MO</b> |   |   |  |
| DATE REC'D BY LOCAL REG.<br><b>4-11-1954</b>   |  | REGISTRAR'S SIGNATURE<br><b>Mayne Humphrey</b>  |  |  | 25. FEDERAL DIRECTOR'S SIGNATURE (Address)<br><b>H. M. Humphrey, Coroner Noel, Mo.</b> |  |  |   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1955

MAY 18 1955

JUL 12 1955

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 J. M. Humphrey Jr.  
Licensed Embalmer No. 74708

P. O. Address Noel 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.