

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

State File No. **19438**

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **559** Registrar's No. **57**

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) Festus		c. LENGTH OF STAY (In this place) 2 wks	c. CITY OR TOWN Valley Park
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. View Nursing Home		• STREET ADDRESS (If rural, give location) Gen'l Delivery 4009	

3. NAME OF DECEASED a. (First) MARY b. (Middle) Catherine c. (Last) Miles			4. DATE OF DEATH 6-14-54		
5. SEX F	6. COLOR OF RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 9-1881		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Jefferson Co., Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George Gibbons		13b. MOTHER'S MAIDEN NAME Martha Calahan		14. NAME OF HUSBAND OR WIFE FRANK Miles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME J. E. Gibbons ADDRESS DeSoto, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH several years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from **4-12, 1954**, to **6-14, 1954**, that I last saw the deceased alive on **6-14, 1954**, and that death occurred at **9 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. E. Gibbons M.D. (Degree or title)	23b. ADDRESS Crystal City, Mo.	23c. DATE SIGNED 6-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-18-54	24c. NAME OF CEMETERY OR CREMATORY Luckey	24d. LOCATION (City, town, or county) (State) DeSoto Mo.
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DATE REC'D BY LOCAL REG. 6-17-54	REGISTRAR'S SIGNATURE J. E. Gibbons	303	FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead ADDRESS DeSoto Mo.
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAIL RECEIVED

JUN 23 1964

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.....
Signature of Student Embalmer

Signed *Andrew H. Englar*

Licensed Embalmer No. *47*

P. O. Address *W. Sato*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.