S. No. 300
V. 10-48

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FILED JAN 4 1955

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

State File No. 41554

BIRTH NO. ____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 227

**1. PLACE OF DEATH**
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): 2 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knox Nursing Home

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crocker 0850
d. STREET ADDRESS (If rural, give location): /

**3. NAME OF DECEASED** (Type or Print)
a. (First): Othello
b. (Middle): Chalmers
c. (Last): Miles

**4. DATE OF DEATH** (Month) (Day) (Year): 12/21/1954

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Jan. 4, 1870
**9. AGE** (In years last birthday): 84
If under 1 year: Months 11 Days 17
If under 24 hrs.: Hours ____ Min. ____

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Carpenter
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Greene County, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: William J. Miles
**13b. MOTHER'S MAIDEN NAME**: Emma Hayter
**14. NAME OF HUSBAND OR WIFE**: Leia 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.**: 491-16-7376
**17. INFORMANT'S SIGNATURE OR NAME**: Imo Cross
**ADDRESS**: Iberia, Missouri

**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): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cardiac Decompensation — 2 hrs.
DUE TO (c):

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

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 4343
**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* 10-20, 1954, *to* 12-21-, 1954, *that I last saw the deceased alive on* 12-21-, 1954, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: L. O. Bohrer (Degree or title): D.O.
**23b. ADDRESS**: Lebanon, Mo.
**23c. DATE SIGNED**: 12-21-1954

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Dec. 23, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: Crocker Cemetery
**24d. LOCATION** (City, town, or county) (State): Crocker, Missouri

**DATE REC'D BY LOCAL REG.**: 12-27-1954
**REGISTRAR'S SIGNATURE**: Stella L. Hay 424
**25. FUNERAL DIRECTOR'S SIGNATURE**: Hodges Funeral Home
**ADDRESS**: Crocker, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received 1-3-55
Laclede County Health Unit
File No. 221
Date Filed 1-3-55

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 Walter Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.