

FILED JUN 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14526

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>156</u>			
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u>				b. COUNTY _____	
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (In this place) <u>2 WKS</u>		c. CITY OR TOWN <u>BONNER SPRINGS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>KIRKSVILLE OSTEOPATHIC HOSP</u>				e. STREET ADDRESS (If rural, give location) _____				8 75 9	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u>			b. (Middle) <u>BENTON</u>			c. (Last) <u>miles</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 4 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 22, 1897</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 12 HOURS Days <u>12</u>	IF UNDER 12 HOURS Hours <u>-</u>	IF UNDER 12 HOURS Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SINGLAR REFINING CO.</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ADAIR, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>JAMES W. MILES</u>			13b. MOTHER'S MAIDEN NAME <u>TALLULAH B. SHOUSE</u>			14. NAME OF HUSBAND OR WIFE <u>RUTH MILES</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>ARR 1917 - MAY 1955</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RUTH MILES</u>		ADDRESS <u>BONNER SPRINGS KANS</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>AZOTEMIA</u>						INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Pylo Nephritis</u>						8 days		
	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 <u>6000</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) _____		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 <u>5-28, 1955</u> , to <u>6-4, 1955</u> that I last saw the deceased alive on <u>6-4, 1955</u> , and that death occurred at <u>7:32 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James A. Yonham</u>				(Degree or title) _____		23b. ADDRESS <u>800 W. Jefferson Kirksville Mo.</u>		23c. DATE SIGNED <u>6-4-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u>		24d. LOCATION (City, town, or county) <u>La Plata Mo.</u>		(State) _____		
DATE REC'D BY LOCAL REG. <u>6-10-55</u>		REGISTRAR'S SIGNATURE <u>Rate Lambert</u>			25. FEDERAL DIRECTOR'S SIGNATURE <u>Kennerly Wilson</u>				
					ADDRESS <u>La Plata Mo</u>				

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

JUL 22 1955

JUN 21 1955

AUG 16 1955

MAY

1955

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 *Tennet M. Wilson*

Licensed Embalmer No. *470*

P. O. Address *La Plata*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.