

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **30722** Registrar's No. **124**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY OR TOWN Marshall	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2910
c. LENGTH OF STAY (in this place) 5 weeks		• STREET ADDRESS (If rural, give location) Rural route No. 2.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Scott c. (Last) Miles		4. DATE OF DEATH (Month) (Day) (Year) July 11th, 1955.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1875
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months 3 Days 15	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm tenant		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri
			12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Blair Miles		13b. MOTHER'S MAIDEN NAME Susan Clark		14. NAME OF HUSBAND OR WIFE May Dietzman Miles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Richard H. Miles, Marshall, Mo. R.#2	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. Nephritis		INTERVAL BETWEEN ONSET AND DEATH 7 Mks	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease		DUE TO (c) 2 yrs.	
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Aug**, 19**53**, to **July 11, 1955**, that I last saw the deceased alive on **July 11**, 19**55**, and that death occurred at **11-05P m.**, from the causes and on the date stated above.

23a. SIGNATURE Roy Kennedy M.D. (Degree or title)		23b. ADDRESS Marshall Mo		23c. DATE SIGNED 7/12/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	
				24d. LOCATION (City, town, or county) (State) Marshall, Missouri	

DATE REC'D BY LOCAL REG. 7-13-55		REGISTRAR'S SIGNATURE Cecil G. Read Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 3 1956

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 *R. W. Campbell Jr.*

Licensed Embalmer No. *346*

P. O. Address *Marshall*

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.