

FILED AUG 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27213

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 59411 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (Dawson)</u>		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place township) <u>59 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rural - Oak Grove</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clard</u> b. (Middle) <u>P.</u> c. (Last) <u>Mikkleson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 25, 1895</u>	9. AGE (In years last birthday) <u>59</u> if UNDER 1 YEAR Months <u>10</u> Days <u>22</u> if UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. James, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Chas. M. Mikkleson</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Scoby</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Mikkleson (Wife)</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hazel Mikkleson - St. James MO</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis about</u>		
	DUE TO (c) _____		
11. 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"/>
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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) <u>St. James, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 8-16, 1955 to 8-16, 1955 that I last saw the deceased alive on 6:20 PM, 1955 and that death occurred at 6:22 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>C. V. Hammer, M.D.</u> (Degree or title)	23b. ADDRESS <u>St. James, Mo</u>	23c. DATE SIGNED <u>8-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug. 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. James, (Phelps) MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug 20 - 1955</u>	REGISTRAR'S SIGNATURE <u>Reeta B. Powell 479</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Orval E. Ziebler - St. James, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 204

Date Filed AUG 28 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 me, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orce Estel

Licensed Embalmer No. 34

P. O. Address S. J. ...

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.