

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29571

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>6146</u>		Registrar's No. <u>49</u>		
1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL TAYLOR</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>RURAL</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>LEONARD RURAL ROUTE</u>				e. STREET ADDRESS (If rural, give location) <u>LEONARD RURAL ROUTE 1020</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CATHERN</u> b. (Middle) <u>ADELIA</u> c. (Last) <u>MILES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 16 1956</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT 9 1875</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 12 HRS: Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MOUND CITY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>W.M. McDowell</u>			13b. MOTHER'S MAIDEN NAME <u>LIGHT INSTEAD</u>			14. NAME OF HUSBAND OR WIFE <u>CYRUS MILES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MINTA MILES</u>		ADDRESS <u>LEONARD MO</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>Arterio Sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____					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) <u>4500</u>				
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>Nov 5</u> , 1955, to <u>Aug 10</u> , 1956, that I last saw the deceased alive on <u>Aug 10</u> , 1956, and that death occurred at <u>10:40 p m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>P. E. Archer MD</u>			23b. ADDRESS (Degree or title) <u>Shelbyville, Mo</u>			23c. DATE SIGNED <u>8-14-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-13-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BRETHERN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SHELBY COUNTY MO</u>		
DATE REC'D BY LOCAL REG. <u>8-16-56</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>			25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles V. Garrison Clarence Mo</u>			

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

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(Licensed Embalmer's Statement on Reverse Side)

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.....
Charles V. Green

Licensed Embalmer No...*4825*

P. O. Address...*Chance*

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.