

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. **FILED NOV 14 1956** REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **656**

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

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY OR TOWN <b>Deniphan</b>		c. CITY OR TOWN <b>Deniphan</b>	
c. LENGTH OF STAY (in this place) <b>months</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McConney Rest Home</b>		e. STREET ADDRESS (If rural, give location) <b>504 First Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LILLIAN</b> b. (Middle) <b>MANION</b> c. (Last) <b>MILES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 30-1956</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>May 18-1869</b>
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR: Months <b>4</b> Days <b>12</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William F. Spann</b>		13b. MOTHER'S MAIDEN NAME <b>Ruth Williams</b>	
14. NAME OF HUSBAND OR WIFE <b>W.H.S. Miles</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>*****</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Homer N. Miles</b> ADDRESS <b>Deniphan, Mo.</b>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sept 15-56</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"/>		<b>331 X</b>	
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) (Min.)	
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 <b>Sept 19</b> to <b>Sept 30</b> , that I last saw the deceased alive on <b>Sept 30</b> , and that death occurred at <b>7</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Clifford Goforth</b> (Name or title)		23b. ADDRESS <b>Deniphan Mo</b>	
23c. DATE SIGNED <b>Oct 16-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>10-1-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Deniphan Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Deniphan, Missouri</b>		DATE REC'D BY LOCAL REG. <b>10-20-56</b>	
REGISTRAR'S SIGNATURE <b>G.H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edwards Funeral Home</b> ADDRESS <b>Deniphan, Mo.</b>	

**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 *Gene Harrent*

Licensed Embalmer No. *48*

P. O. Address *Dorchester*

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.