No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 14 1956

State File No. 37490

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4162 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lock Springs
c. LENGTH OF STAY (in this place) 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph
c. CITY OR TOWN Moberly
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 118 Kirby St. 0887

3. NAME OF DECEASED (Type or Print) a. (First) Bert b. (Middle) James c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) December 7, 1956

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 20. 1924
9. AGE (In years last birthday) 52 If under 1 year: Months 10 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Wabash R. R.
11. BIRTHPLACE (City and State or Foreign Country) Moberly, Missouri 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Edward T. Miller
13b. MOTHER'S MAIDEN NAME Betty Canote
14. NAME OF HUSBAND OR WIFE Honora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 499-16-6420
17. INFORMANT'S SIGNATURE OR NAME Mrs Bert J. Miller ADDRESS Moberly Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) R. Leg severed above
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Knee
DUE TO (c) Fracture Cervical
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Vertebrae

INTERVAL BETWEEN ONSET AND DEATH: 30 min

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 802X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lock Springs
21c. (CITY, TOWN, OR TOWNSHIP) Mo (COUNTY) Daviess 35 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-7-56 9:40 AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? R. R. Car ran over R. Leg

22. I hereby certify that I attended the deceased from 12-7, 1956 to 12-7, 1956 that I last saw the deceased alive on 12-7, 1956 and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE Floyd E. Nelson (Degree or title) D.O.
23b. ADDRESS Gallatin Mo.
23c. DATE SIGNED 12-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-9-56
24c. NAME OF CEMETERY OR CREMATORY Oakland
24d. LOCATION (City, town, or county) Moberly Mo (State)

DATE REC'D BY LOCAL REG. 12-12-56
REGISTRAR'S SIGNATURE Virginia M. Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE Norman Funeral Home ADDRESS Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

31-0

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 Elton F. Norman.....

Licensed Embalmer No. 4036

P. O. Address Chillicoth

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