THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42535

STATE FILE NUMBER

FILED JAN 8 1957

Registration District No. 301 Primary Registration District No. 4450 Registrar's No.

1. PLACE OF DEATH a. COUNTY RIPLEY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DONIPHAN — Inside Limits Yes X No ☐	c. CITY OR TOWN DONIPHAN — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in lb YEARS	d. STREET ADDRESS (If outside, give location) Cherry St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First HORACE Middle MILLER Last		4. DATE OF DEATH Month Dec. Day 10, Year 1956	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH October 28, 1861
9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher	10b. KIND OF BUSINESS OR INDUSTRY Pub. School	11. BIRTHPLACE (City and state or country) Cataract, Indiana	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) **********	16. SOCIAL SECURITY NO. None	17. INFORMANT Claude Casteel Address Doniphan, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) General Debility of Aged

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 794X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-1-55 to 12-10-56 and last saw him alive on 12-10-56

Death occurred at 7:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C Goforth M D	22b. ADDRESS Doniphan Mo	22c. DATE SIGNED 12/11/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/12/1956	23c. NAME OF CEMETERY OR CREMATORY Towles Cemetery	23d. LOCATION (City, town, or county) (State) Ripley Co., Missouri
24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Doniphan, Mo.		25. DATE RECD. BY LOCAL REG. 12-19-56	26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in ... diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

77-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gent H Parre

Licensed Embalmer No. 48

P. O. Address Doug

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