

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4498

STATE FILE NUMBER

FILED FEB 26 1957

Registration District No. **139**

Primary Registration District No. **4224**

Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Holt			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Forest City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Forest City		0470 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 42 yrs	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) CHARLEY AUGUSTUS Miller			4. DATE OF DEATH Feb 15 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 8, 1871	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR IF UNDER 24 MRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Andrew Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Miller			14. MOTHER'S MAIDEN NAME Victoria Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Charles C. Miller Forest Ct. Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral-Vascular Accident					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage					"
DUE TO (c) Atherosclerotic Heart Disease					Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			4200		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 July 1, 1957 , to 2-15-57 and last saw ^{her} him alive on 2-15-57 . Death occurred at 5:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James F. Swearingen M.D.			22b. ADDRESS Chey M. Mo.		22c. DATE SIGNED 2/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 17, 1957	23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery		23d. LOCATION (City, town, or county) (State) Oregon, Missouri.	
24. FUNERAL DIRECTOR James K. Pettigrew		ADDRESS Chey Mo.	25. DATE RECD. BY LOCAL REG. 2/18/1957	26. REGISTRAR'S SIGNATURE James H. Crawford	

(Licensed Embalmer's Statement on Reverse Side)

health, public service
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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 22 1957

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 *James H. Pettigrew*.....

Licensed Embalmer No. *319*.....

P. O. Address *Oregon*.....

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