

FILED SEP 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32669

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 357

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Elizabeth</u>		Length of stay in 1b	d. STREET ADDRESS <u>2004 Spruce St</u> (If outside, give location)		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>LEVI</u> Middle <u>MILES</u> Last <u>MILES</u>			4. DATE OF DEATH Month <u>9</u> Day <u>4</u> Year <u>57</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> -WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>66</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>6</u> Days <u>6</u> IF UNDER 24 HRS.: Hours <u>6</u> Min. <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L2602</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LZWN MOWER</u>	11. BIRTHPLACE (City and state or country) <u>State of Louisiana</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Levi Miles</u>			14. MOTHER'S MAIDEN NAME <u>—</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>487-30-1154 A</u>	17. INFORMANT <u>Fannie Eston Palmysa mo</u> Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL VASCULAR Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive-Vascular Disease</u> DUE TO (c) <u>LATENT SYPHILIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>331XB</u>					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.) <u>—</u>			
20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>		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.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>—</u>		COUNTY <u>—</u>	STATE <u>—</u>
21. I attended the deceased from <u>Nov 11, 1956</u> to <u>Sept 4, 1957</u> and last saw <u>him</u> alive on <u>Sept 9</u> Death occurred at <u>10:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Cornelius C Welch, M.D.</u>			22b. ADDRESS <u>Hannibal, Mo</u>		22c. DATE SIGNED <u>9-14-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Sept. 6-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Robinson</u>		23d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>
24. FUNERAL DIRECTOR <u>Geo E Roberts</u>		ADDRESS <u>—</u>	25. DATE RECD. BY LOCAL REG. <u>9/28/1957</u>		26. REGISTRAR'S SIGNATURE <u>Edna Lucke By J. C. Fisher</u>

RECEIVED SEP 19 1957
MARION CO. HEALTH DEPT.
DATE FILED SEP 19 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 Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hannibal

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.