

FILED JUN 18 1958 Registration District No. 337 Primary Registration District No. 6141 Registrar's No. A

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 2 Mi. E/o Lakenan		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burlington Tracks		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 902 Church St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Albert Middle Harvey Last Miller			4. DATE OF DEATH Month 6 Day 7 Year 1958		
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 June 10, 1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Supervisor		10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. RR. Co.	11. BIRTHPLACE (City and state or country) Pearl City, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME W. F. Miller		13b. MOTHER'S MAIDEN NAME Margaret Bills		14. NAME OF HUSBAND OR WIFE Marie Agnes Miller	
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.	17. INFORMANT Address Mrs. Marie Agnes Miller, 902 Church		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured left Parental				Hannibal, Mo. INTERVAL BETWEEN ONSET AND DEATH 800x 7	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) C.B. & Q. Train No. 75 hit motor car he was using in his work				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.) Same as above			
20c. TIME OF INJURY Hour 3:00 a.m. p.m. Month, Day, Year 6/7/58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) C.B. & Q. R.R. Track			
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 2.2 Mi E. Lakenan, Mo		STATE MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. Musgrove (Degree or title) Coroner			22b. ADDRESS Bethel, Missouri		22c. DATE SIGNED 6/14/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/11/1958	23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal, Missouri
24. FUNERAL DIRECTOR H.M. O'Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 6-16-58		26. REGISTRAR'S SIGNATURE Ada Garrison	

JUN 20 1958

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 *H. M. Callinell*

Licensed Embalmer No.....

P. O. Address

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.