

THE DIVISION OF HEALTH OF MISSOURI, 1402-58
STANDARD CERTIFICATE OF DEATH

58-028153
State File No.

FILED AUG 25 1958

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5086 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Bates</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Bates</p>	
b. CITY (If outside corporate limits, write RURAL and give town) <p style="text-align: center;">Rural - Homer</p>	c. LENGTH OF STAY (In this place) <p style="text-align: center;">58 months</p>	c. CITY OR TOWN <p style="text-align: center;">Amoret 0070</p>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">1 1/2 S. W. Amoret, Mo.</p>		e. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1 1/2 S. W. Amoret, Mo.</p>	

3. NAME OF DECEASED (Type or Print)		a. (First) <p style="text-align: center;">Timothy</p>		b. (Middle) <p style="text-align: center;">Paul</p>		c. (Last) <p style="text-align: center;">Miller</p>		4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">8-19-58</p>	
5. SEX <p style="text-align: center;">Male</p>	6. COLOR OR RACE <p style="text-align: center;">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">never married</p>	8. DATE OF BIRTH <p style="text-align: center;">3-7-58</p>		9. AGE (In years last birthday) <p style="text-align: center;">5</p>	IF UNDER 1 YEAR Months <p style="text-align: center;">12</p>	IF UNDER 24 HRS. Hours <p style="text-align: center;">12</p>	IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">none</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">none</p>		11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Amoret, Missouri</p>		12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>			

13a. FATHER'S NAME <p style="text-align: center;">Roy Raymond Miller</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">DeLoris Lucille McCoy</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Roy Miller</p>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Roy Miller, Amoret, Missouri</p>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;"><i>Congenital malformation of biliary system atresia of bile duct</i></p>		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;"><i>7562</i></p>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <p style="text-align: center;">7562</p>			

19a. DATE OF OPERATION <p style="text-align: center;">June</p>		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;"><i>exploratory operation Univ. Hosp. Congenital malformation</i></p>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Mar 7, 1958, to Aug 19, 1958, that I last saw the deceased alive on Aug 19, 1958, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;"><i>Fred Edmull</i></p>		(Degree or title) <p style="text-align: center;">D. O. 2</p>		23b. ADDRESS <p style="text-align: center;">Pleasanton, Kansas</p>		23c. DATE SIGNED <p style="text-align: center;">8-20-58</p>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">8-21-58</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Benjamin Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Amoret, Mo.</p>	

DATE REC'D BY LOCAL REG. <p style="text-align: center;">Aug 20-58</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;"><i>Rendall Rossy</i></p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Archer & Mangold F.H., Amsterdam, Mo</p>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Robert F. Mangold*.....

Licensed Embalmer No..... 497

P. O. Address *LaCygne, Ka*.....

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.