

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038550
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 825 Primary Registration District No. 4480 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greentop 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 lb 13 yrs.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JAMES Middle FRANKLIN Last MIKEL			4. DATE OF DEATH Month Nov. Day 2 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 Dec. 26 1877	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming, Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Schuyler, Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Henry Mikel			14. MOTHER'S MAIDEN NAME Belle Gregory		
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 Gertrude Mikel, Greentop, 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) Hepatosplenic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial Failure		1 month
	DUE TO (c) Coronary Arteriosclerosis 4201		10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
Post cerebral thrombus syndrome 4 years

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 - a. m. - p. m. -	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 **8/23/50** to **11/2/58** and last saw ^{her}him alive on **10/31/58**
Death occurred at **6:30 A. m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Type or print) Edward M. Roberts, M.D.	22a. ADDRESS Queen City, Mo.	22c. DATE SIGNED 11/3/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 5 1958	23c. NAME OF CEMETERY OR CREMATORY New Harmony	23d. LOCATION (City, town, or county) (State) Greentop, Schuyler, Mo.
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24. FUNERAL DIRECTOR Harold Foster	ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. Nov 5 - 1958	26. REGISTRAR'S SIGNATURE Wm. A. Drake
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Death, Welfare, Public Service, 000-56, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE, Coroner cannot certify to a death due to natural causes, must be causality related.

DR. ROBERTS

MAR 18 1959

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 *Nova E. Foster*
Nova E. Foster
Licensed Embalmer No. 474

P. O. Address Kirksville

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.