

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039432  
STATE FILE NUMBER 9

FILED DEC 4 1958 Registration District No. 106 Primary Registration District No. 5421 Registrar's No. 9

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Dunklin</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holcomb</b>         |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | c. CITY OR TOWN <b>Anniston</b> <b>06700</b>                 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 1</b> |  | Length of stay in lb <b>4 Days</b>   | d. STREET ADDRESS (If outside, give location) <b>in town</b> |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>    |  |  |  |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>OSCAR</b> Middle <b>ELBERT</b> Last <b>MINER</b> |  |  | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>6</b> Year <b>1958</b> |  |  |
|--|--|--|---|--|--|

|                    |                               |   |                                      |   |  |  |
|--------------------|-------------------------------|---|--------------------------------------|---|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Dec. 3, 1870</b> | 9. AGE (In years to birthday) <b>87</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b> | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b> |
|--------------------|-------------------------------|---|--------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b> | 11. BIRTHPLACE (City and state or country) <b>Illinois</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
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|                                    |  |  |
|------------------------------------|--|--|
| 13a. FATHER'S NAME <b>Al Miner</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Elizabeth Proffer</b> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT <b>Otto Miner</b><br>Address <b>Cardwell, Missouri</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardio renal disease</b> |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____                         |  |   |
| 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?<br>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.)<br><b>442 X</b> |
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|   |   |  |                              |        |       |
|---|---|--|------------------------------|--------|-------|
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
|---|---|--|------------------------------|--------|-------|

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| 21. I attended the deceased from <b>11/5/58</b> to _____ and last saw her alive on <b>11/5/58</b><br>Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Name or title)<br><b>Ryan L. Franklin</b> | 22b. ADDRESS<br><b>Campbell, Mo.</b> | 22c. DATE SIGNED<br><b>D.O. 11/58/</b> |
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|   |                          |  |   |
|---|--------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 23b. DATE <b>11/8/58</b> | 23c. NAME OF CEMETERY OR CREMATORY <b>Cardwell</b> | 23d. LOCATION (City, town, or county) (State) <b>Cardwell, Missouri</b> |
|---|--------------------------|--|---|

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|---|---------|--|---|
| 24. FUNERAL DIRECTOR <b>Heath Funeral Home, Paragould, Ark.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <b>11-24-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>J.A. Anderson</b> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

COUNTY FILE NUMBER 1258-3003

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 .....  
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.