

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043133
STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 401

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>La Plata, Mo.</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Nursing Home</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>George Washington Mikel</u> | | | 4. DATE OF DEATH Month Day Year <u>Dec. 22 1958</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 19, 1874</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>84</u> |
| 11. BIRTHPLACE (City and state or country) <u>Adair Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Mikel</u> | | 13b. MOTHER'S MAIDEN NAME <u>Missouri Edwards</u> | 14. NAME OF HUSBAND OR WIFE <u>Lousia J Mikel</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>493-28-3028</u> | 17. INFORMANT Address <u>Evan L. Mikel, La Plata, Mo.</u> |
| 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>Acute Overwhelming Toxicity</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute pyelonephritis</u> DUE TO (c) <u>Ascending urinary tract infection</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Days</u> <u>Days</u> <u>unknown</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diverticulosis of urinary bladder; Benign Prostatic Hypertrophy</u> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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, Year 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 | |
| 21: I attended the deceased from <u>Jan 16, 1956</u> to <u>Dec 22, 1958</u> and last saw him alive on <u>Dec. 22, 1958</u> Death occurred at <u>5:15</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>George H. Scheurer, D.O.</u> | | 22b. ADDRESS <u>Kirksville, Mo.</u> | |
| 22c. DATE SIGNED <u>12-22-58</u> | | | |
| 23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Dec 24, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>La Plata Cemetery</u> |
| 23d. LOCATION (City, town, or county) (State) <u>La Plata, Mo.</u> | | | |
| 24. FUNERAL DIRECTOR <u>Wilson Funeral Home, La Plata, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-26-1958</u> | 26. REGISTRAR'S SIGNATURE <u>Dennis W. Raloff</u> |

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 *Kenneth M. Wilson*

Licensed Embalmer No. 4701
P. O. Address La Plata, Mo.

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.