Health, & Welfare Public Service

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FILED JUN 12 1959
XC-11717113
REG.#A56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016919
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 266

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN: HWY.53 ENROUTE TO POPLAR BLUFF — Inside Limits: No X
c. FULL NAME OF HOSPITAL OR INSTITUTION: DIED ENROUTE TO VETERANS ADM.HOSPITAL — Length of stay in 1b: DEAD ON ARRIVAL..

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: PEMISCOT
c. CITY OR TOWN: HAYTI — Inside Limits: Yes X No
d. STREET ADDRESS (If outside, give location): BOX 393 — Reside on Farm: No X

3. NAME OF DECEASED (Type or print): First: CHARLIE Middle: (NONE) Last: MILLER

4. DATE OF DEATH: Month Day Year: MAY 28, 1959

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: 12-9-1900

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): LABORER

10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN

11. BIRTHPLACE (City and state or country): JACKSON, MISSISSIPPI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: FRED MILLER

13b. MOTHER'S MAIDEN NAME: MARY WATSON

14. NAME OF HUSBAND OR WIFE: WIFE DECEASED

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 492167881

17. INFORMANT: VA HOSPITAL RECORDS, Address: POPLAR BLUFF, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE. — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

DEAD ON ARRIVAL 10:15PM, MAY 28, 1959, AT VA HOSPITAL, POPLAR BLUFF, MO.

21. I attended the deceased from ____ to ____ and last saw him alive on ____
Death occurred at Approx. 9:45 PM, 5/28/59 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): RICHARD H. MINETREE, LOCAL REGISTRAR

22b. ADDRESS: 904 CYNTHIA ST., POPLAR BLUFF, MO.

22c. DATE SIGNED: 5/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-2-59

23c. NAME OF CEMETERY OR CREMATORY: Homestown Cemetery

23d. LOCATION (City, town, or county) (State): Wardell, Missouri

24. FUNERAL DIRECTOR ADDRESS: Osburn Funeral Home, Hayti, Mo.

25. DATE RECD. BY LOCAL REG.: 6/6/59

26. REGISTRAR'S SIGNATURE: R H Minetree

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

FILE No.

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 ..... Signed James G. Dobson
Signature of Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Hayti, 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.