URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ILED VS JUN 16 1960

-60-025506
STATE FILE NUMBER

ENDED

Registration District No. 333 Primary Registration District No. 6115 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY SCOTT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHLAND TWNSHP. Length of stay in 1b 8 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 MI. N. MINER, MO. Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY SCOTT
c. CITY OR TOWN ROUTE #2 SIKESTON Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) ROUTE # 2 Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ELBERT Middle JOSEPH Last MILES
4. DATE OF DEATH Month JUNE Day 3 Year 1960
5. SEX MALE
6. COLOR OR RACE CAUCASIAN
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12-23-94
9. AGE (last birthday) 65 IF UNDER 1 YEAR Months 5 Days 10 IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER
10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE
11. BIRTHPLACE (City and state or country) PERRYVILLE, MO.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME VICTOR MILES
13b. MOTHER'S MAIDEN NAME PHILOMENA REED
14. NAME OF HUSBAND OR WIFE MARY HAUSMANN MILES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. NONE
17. INFORMANT MRS. MARY H. MILES Address Route #2 Sikeston, 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) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH immediate
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at approximately 8:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John P. Sargent (Degree or title) M.D.
22b. ADDRESS 704 Tanner St. Sikeston Missouri
22c. DATE SIGNED 6-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6-6-1960
23c. NAME OF CEMETERY OR CREMATORY GARDEN OF MEMORIES
23d. LOCATION (City, town, or county) (State) SIKESTON, MISSOURI
24. FUNERAL DIRECTOR Lew E. Nunnelee ADDRESS NUNNELEE FUN. CHAPEL, SIKESTON, MO.
25. DATE RECD. BY LOCAL REG. 6-10-60
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUN 30 1960

JUN 17 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Edward E. Nunnelee

Signature of Student Embalmer

Licensed Embalmer No. 4164

P. O. Address Silkeston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor 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.