

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034139

FILED VS. OCT. 4 1960 62

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 5241 Registrar's No. _____

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - Madison</u> Length of stay in 1b _____ c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>car wreck</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bolivar</u> c. CITY OR TOWN <u>Bolivar</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>Melvin</u> Middle <u>Wade</u> Last <u>Miles</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>25</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 1 - 1939 - 21</u>	9. AGE (last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Buck Miles</u>	13b. MOTHER'S MAIDEN NAME <u>Frankie Stalpa</u>	14. NAME OF HUSBAND OR WIFE <u>Elaine Miles</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>No</u>
17. INFORMANT Address <u>Frankie Miles - Bol. 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>Crushing Head Injuries</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>one car wreck on Hwy 32 E. of</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>Stalpa Mo.</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy 32</u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>Cedar</u> STATE <u>Mo</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>12:15 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>Cidney Pitta - Corona Pol. Cr. Mo.</u>	22b. ADDRESS <u>Bol. Mo.</u>	22c. DATE SIGNED <u>Sept 25-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 28-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>
24. FUNERAL DIRECTOR ADDRESS <u>Pitta funeral home - Bol. Mo.</u>		23d. LOCATION (City, town, or county) (State) <u>Bolivar Mo.</u>
25. DATE RECD. BY LOCAL REG. <u>Sept 27-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs Geneva Cantlon</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 30 1960

0961 0 I 100

VS MAY 19 1961

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 _____
Signature of Student Embalmer

Signed *Sidney J. Pitts*

Licensed Embalmer No. 4939

P. O. Address Pal. 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.