# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-028682
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3012 Registrar's No. 88

FILED SEP 15 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Excelsior Springs — Length of stay in 1b: 75 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Veterans Administration Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: Browning — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): - - - — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOSEPH Middle: ALVA Last: MILES
4. DATE OF DEATH: Month September Day 1 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 4-3-08
9. AGE (last birthday): 53 — 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): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Cora, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William A. Miles
13b. MOTHER'S MAIDEN NAME: Edna Belle Chittum
14. NAME OF HUSBAND OR WIFE: - - -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
17. INFORMANT: Mrs. Edna Nickel, mother, Address: Browning, Missouri

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) Hemorrhage from lung (terminal) — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Far advanced active pulmonary tuberculosis — 11 years
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. VA attended the deceased from June 18, 1961, to Sept. 1, 1961 ~~attended the deceased~~
Death occurred at 9:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. S. Arany (Degree or title): L.S.ARANY, M.D., Chief of Staff
22b. ADDRESS: VA Hospital, Ex.Springs, Mo.
22c. DATE SIGNED: 9-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 9-1-61
23c. NAME OF CEMETERY OR CREMATORY: Unknown
23d. LOCATION (City, town, or county) (State): Browning, Mo.

24. FUNERAL DIRECTOR ADDRESS: Wade Funeral Home, Browning, Mo.
25. DATE RECD. BY LOCAL REG.: 9-8-61
26. REGISTRAR'S SIGNATURE: Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

**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 Lindsey Jarman

Signature of Student Embalmer

Licensed Embalmer No. 4589

P.O. Address Excelsior Springs,

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.