MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-007629

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 8

FILED FEB 26 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: St Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osceola — Length of stay in 1b: 30 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osceola Hospital — Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First: Archie — Middle: W. — Last: Miles
4. DATE OF DEATH: Month: Feb — Day: 4 — Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-24-81
9. AGE (last birthday): 80 years — 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): Lumberyard Labor
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Mt Washington, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Lewis F. Miles
13b. MOTHER'S MAIDEN NAME: Elizabeth Reed
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Nell L. Leap — Address: 409 West Mechanic Indep. 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 c̄ failure — INTERVAL BETWEEN ONSET AND DEATH: 4 da.
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): Carcinoma of lung —
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 2 Feb 62, to 4 Feb 62 and last saw her/him alive on 4 Feb 62
Death occurred at 7:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Gresler MD
22b. ADDRESS:
22c. DATE SIGNED: 2-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb 4-62
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State): Independence Mo.

24. FUNERAL DIRECTOR — ADDRESS: Carsons Funeral Home, Indep Mo.
25. DATE RECD. BY LOCAL REG.: 2-7-1962
26. REGISTRAR'S SIGNATURE: Ruth Sievers

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1962

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 Chas Gilbert Holloway

Licensed Embalmer No. 4267

P. O. Address Wheelland Me

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.