MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-029665
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0975
2 0975
3 2
4 2
5 1
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7 0
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12 1-0
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

DOCUMENT BY AFFIDAVIT OF

Registration District No. 324 Primary Registration District No. 30/22 Registrar's No. 149

FILED JUL 30 1962

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall — Length of stay in 1b: 19 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fitzgibbon Memorial Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 725 East Vest — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lewis Middle: Edward Last: Miles

4. DATE OF DEATH: Month: July Day: 22, Year: 1962

5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb-12-1900
9. AGE (last birthday): 62 — 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): Minister & Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory
11. BIRTHPLACE (City and state or country): Napton, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Alexander Miles
13b. MOTHER'S MAIDEN NAME: Georgian Hearndon
14. NAME OF HUSBAND OR WIFE: Oneassia Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Oneassia Miles Address: Marshall, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:) — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a): Respiratory Insufficiency
DUE TO (b): Pulmonary Edema
DUE TO (c): Acute Coronary Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes – Gastric Ulcer –

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: Marshall COUNTY: Saline STATE: Missouri

21. I attended the deceased from 1960, to July 22, 1962 and last saw her/him alive on July 22-62
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title)
22b. ADDRESS: Marshall Mo
22c. DATE SIGNED: 7-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/28/62
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county): Marshall, (State): Missouri

24. FUNERAL DIRECTOR: George H. Green, F.D. ADDRESS: Fulton, Missouri
25. DATE RECD. BY LOCAL REG.: 7-28-62
26. REGISTRAR'S SIGNATURE: Carl D. Read

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1962

Permit issued 7-29-62

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 George H. Green

Licensed Embalmer No. 4220

P. O. Address Sutton, Ore.

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.