

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37415

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 4599

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u> ) c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		d. STREET ADDRESS (If rural, give location) <u>6907 Winner Rd.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) _____ c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 18 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR FACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>Nov. 3, 1887</u>
9. AGE (In years last birthday) <u>62</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pensioner</u>	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) <u>Macon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Charles Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Meason</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Record Clerk: K.C. Gen. Hosp. 1</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL RECORDATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Oct. 18, 1949</u> , to <u>Oct. 18, 1949</u> , that I last saw the deceased alive on <u>Oct. 18, 1949</u> , and that death occurred at <u>9:15 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title) _____		23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>	
23c. DATE SIGNED <u>10-19-49</u>		24a. FUNERAL CREMATION REMOVAL (Specify) <u>Anatomical</u>	
24b. DATE <u>10-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Univ. of Kansas</u>	
24d. LOCATION (City, town, or county) (State) <u>Lawrence, Kan.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Wuluf</u> ADDRESS <u>K.C. 8, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-28-49</u>		REGISTRAR'S SIGNATURE <u>Pauline Holmes</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Blaine E. Weichert  
Licensed Embalmer No. HO 75  
P. O. Address K.C. 8, 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 this body is not embalmed, fact should be so stated above.