

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13138
State File No. 1498

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|---|--|---|---|
| 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 township) OR TOWN <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (In this place) <u>40 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>2840 Woodland</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u> | | e. FULL NAME OF (If rural, give location) <u>SH 28</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>E.</u> c. (Last) <u>Miller</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-30-50</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>2-23-1885</u> |
| 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 10 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Casket trimmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Casket Co. MO.</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
| 13a. FATHER'S NAME <u>Henry J. Miller</u> | | 13b. MOTHER'S MAIDEN NAME <u>No data</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Anna Miller</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY # <u>486-01-7193</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Miller 2840 Woodland</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of large bowel with metastasis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>153X</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Indigestion</u> | | |
| | 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 _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.) _____ | 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>Mar 15, 1950</u> , to <u>Mar 30, 1950</u> , that I last saw the deceased alive on <u>Mar 30, 1950</u> and that death occurred at <u>5-8 p. m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>P. E. Pearson</u> (Degree or title) <u>MD</u> | | 23b. ADDRESS <u>1025 Park Bldg., K.C. Mo.</u> | 23c. DATE SIGNED <u>3/31/50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-3-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>K.C. Kansas</u> |
| DATE REC'D BY LOCAL REG <u>3-31-50</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Harrison</u> | ADDRESS <u>K.C. Kansas</u> |

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

JUL 14 1950

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.

Signed *H. Simmons*

Signed.....
Student Embalmer

Licensed Embalmer No. 3903

P. O. Address K C K

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.