

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 265

FILED JAN 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Meth. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2832 1/2 So. 19th St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gerald</u> b. (Middle) <u>Virgil</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14 1951</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>November 25, 1904</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William W. Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Barnett</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth H. Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth H. Miller</u>	ADDRESS <u>2832 1/2 So. 19th</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>  <u>180X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Right Kidney &amp; HEPATIC METASTASES.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JAN 13 1950 to JAN 14 1951, that I last saw the deceased alive on JAN 14 1951, and that death occurred at 12:55 p., from the causes and on the date stated above.

23. SIGNATURE <u>Wm. K. McDaniel MD</u> (Degree or title)	23b. ADDRESS <u>902 Edmund St. St. Joseph Mo</u>	23c. DATE SIGNED <u>Jan 15 '51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-17-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo</u>
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DATE REC'D BY LOCAL REG. <u>Jan 19, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Curtis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hector Bowman</u> ADDRESS <u>Funeral Home St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1117

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

*Eugene Wood*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St Joseph*

**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.