S. No. 300
v. 10.48

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12908

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 125

0485
0

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Independence San.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence 0485 0
d. STREET ADDRESS (If rural, give location) 1115 W. College

3. NAME OF DECEASED (Type or Print) a. (First) Mrs. KATIE b. (Middle) ANNA c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) April 3, 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 1, 1872

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Merridan Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel Scott

13b. MOTHER'S MAIDEN NAME Mary Ellen Owen

14. NAME OF HUSBAND OR WIFE A.A. Miller Indep, Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mr. A.A. Miller Indep. Mo ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia & Broncho Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: gradual

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Ca Liver (Metastatic) 1 yr — 1 yr

DUE TO (c) Ca (Bowel - Location undetermined — 1 yr

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION 3-5-51

19b. MAJOR FINDINGS OF OPERATION Ca invading Liver 153x

20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to Apr 3, 1951, that I last saw the deceased alive on Apr 3, 1951 and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Camden M.D.

23b. ADDRESS Independence Mo

23c. DATE SIGNED 4-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 5, 1951

24c. NAME OF CEMETERY OR CREMATORY Camden

24d. LOCATION (City, town, or county) (State) Point, Missouri

DATE REC'D BY LOCAL REG. Apr. 4-1951

REGISTRAR'S SIGNATURE Daniel Craig

25. FUNERAL DIRECTOR'S SIGNATURE Otto Mitchell ADDRESS Indep. Mo,

(Licensed Embalmer's Statement on Reverse Side)

APR 1 9 REC'D

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 Me

working under my personal supervision.

Student Embalmer No.

Signed Henry L. Mitchell

Signed
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address Indep., 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.