

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20277  
State File No. 2615  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1400 East 76th Street</b>		d. STREET ADDRESS (If rural, give location) <b>1400 East 76th Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kathryn</b>		b. (Middle) <b>R.</b>	
c. (Last) <b>MILES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-7-90</b>
9. AGE (In years last birthday) <b>60</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Leavenworth, Kansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Jeremiah Murphy</b>	
14. MOTHER'S MAIDEN NAME <b>Anna E. Driscoll</b>		15. NAME OF HUSBAND OR WIFE <b>C. Frank Miles</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>no</b>		17. SOCIAL SECURITY NO. <b>none</b>	
18. INFORMANT'S SIGNATURE OR NAME <b>C. Frank Miles</b>		19. ADDRESS <b>1400 E. 76th St., KC. Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cor Pulmonale</b> DUE TO (c) <b>Astermia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		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) (Min.)	
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 <b>8-5</b> , 19 <b>48</b> , to <b>6-20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>6-20</b> , 19 <b>51</b> , and that death occurred at <b>4 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. Robert Nigro</b>		23b. ADDRESS <b>925 Cayuga Blvd 12th St. - K.C. Mo</b>	
23c. DATE SIGNED <b>6-20-51</b>		23d. (Degree or title) <b>M.D.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>		24b. DATE <b>6-22-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>mt. Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>K. C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-20-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Mellody-McGilley-Eyler</b>		ADDRESS <b>Kansas City, Mo.</b>	

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

Dr. B. M. Quinn  
Angeles Bldg.  
with 4 blood

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

*Adrian J. Stitt*

Student Embalmer No. *425*

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John E. Beck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.