

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **23157**  
**3275**

**FILED AUG 11 1951**

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>KANSAS</u> b. COUNTY <u>Johnson</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> 8150	
c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>5320 Aberdeen Road</u> 18	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VEYWARD</u>	b. (Middle) <u>Perry</u>	c. (Last) <u>MILLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 1951</u>
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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>Oct 17 - 1890</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cashier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Egmont &amp; Co. Instruments Co</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>GEORGE MILLER</u>	13b. MOTHER'S MAIDEN NAME <u>NOSTRUM</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie E. 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>487-07-2517</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nettie E. Miller</u>	ADDRESS <u>5320 Aberdeen Road</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>42<sup>00</sup></u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Arterio-Sclerotic Heart Disease</u>		
	DUE TO (c) <u>Saddle Embolus</u>		
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)	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 July 19 1951, to July 29 1951, that I last saw the deceased alive on July 28 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James J. Batty, M.D.</u> (Degree or title)	23b. ADDRESS <u>5828 Reeds Road, Kansas City, Mo.</u>	23c. DATE SIGNED <u>7/31/51</u>
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24a. BURIAL, CREMATION, REMOVAL <u>BURIAL</u>	24b. DATE <u>JULY 31 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-31-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newman</u>	ADDRESS <u>1391 BRUSH CREEK KANSAS CITY, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

215 424 2

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.

Student .....  
Student Embalmer

Signed *Charles H. Steikmy*

Licensed Embalmer No. *4560*

P. O. Address *K.P. 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.