

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27083**
3234

FILED AUG 18 1951

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 62 YEARS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ELMS NURSING HOME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) K. c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) JULY-26-1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY-3-1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 2 YRS. LECTURER-WRITER MOST PRACTICAL CHRISTIANITY		10b. KIND OF BUSINESS OR INDUSTRY UNITY SOCIETY OF BUSINESS	9. AGE (In years last birthday) 82
11a. FATHER'S NAME MILLER		11b. MOTHER'S MAIDEN NAME UNKNOWN	11. BIRTHPLACE (State or foreign country) WHITE CLOUD, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. EDITH F. NICHOLS ADDRESS 1004 E. 32ND TERR. KANSAS CITY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hrs.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Marcinomatosis generalizad	
DUE TO (c) probably from stomach 1 year		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		Generalized arteriosclerosis years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION X-ray therapy at St Joseph Hosp. for cancer.	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.) 1310 East Armour	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 26 51 AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell as he went to the commode containing left side leg and small protruding caused by #1A	
22. I hereby certify that I attended the deceased from 10-19-1950 , to 7-26-1951 , that I last saw the deceased alive on 7-26-1951 , and that death occurred at 10:23 AM , from the causes and on the date stated above.			
22a. SIGNATURE Dr. C. McHale M.D. (Degree or title)		22b. ADDRESS 4620 Indep. Ave	22c. DATE SIGNED 7-26-51
22a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	22b. DATE JULY 28 1951	22c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	22d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 7-28-51	REGISTRAR'S SIGNATURE Geraldine Holmes	23. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY MO	

(Licensed Embalmers' Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.