No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36438

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1221

117
2

1. PLACE OF DEATH
a. COUNTY: Buchanan.
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: St. Joseph
c. LENGTH OF STAY (in this place): 28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson.
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: Kansas City 3348
d. STREET ADDRESS (If rural, give location): 2403 Kensington. 1

3. NAME OF DECEASED (Type or Print)
a. (First): CLARK
b. (Middle): (None)
c. (Last): MILLER.

4. DATE OF DEATH (Month) (Day) (Year): 11-28-1951.

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married. 1
8. DATE OF BIRTH: 4-21-1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 7, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY: Barbering.
11. BIRTHPLACE (State or foreign country): Butler-Kentucky. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Eva Miller
13b. MOTHER'S MAIDEN NAME: Sally Ann Hunt
14. NAME OF ~~HUSBAND~~ OR WIFE: Mady Miller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mady Miller - Kensington St. **ADDRESS**: K.C. Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	chronic myocarditis	15 years
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	20 years.
DUE TO (c)	alcoholism	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Psychosis	6 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4221
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 10-30-, 1951, to 11-28-, 1951, that I last saw the deceased alive on 11-28-, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Forrest Thomas. 0 M.D.
23b. ADDRESS: State Hospital No. 2. St. Joseph Mo.
23c. DATE SIGNED: 11-28-51.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-29-51
24c. NAME OF CEMETERY OR CREMATORY: Kansas City Mo
24d. LOCATION (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: Dec 4, 1951
REGISTRAR'S SIGNATURE: Carl C. Castro 446
25. FUNERAL DIRECTOR'S SIGNATURE: Stanley Funeral Home **ADDRESS**: St Joseph Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Cy Mossmay O.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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. H677

P. O. Address St. Joseph 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.