

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41734
5427

State File No.
Registrar's No.

FILED JAN 5 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) K
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1821 Bennington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, North
d. STREET ADDRESS (If rural, give location) 5212 E. 47th Street

3. NAME OF DECEASED
a. (First) Augusta b. (Middle) Pauline c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 16, '51

5. SEX Female
6. COLOR OR RACE White

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

8. DATE OF BIRTH
Nov. 27, 1901

9. AGE (In years last birthday) 50
UNDER 1 YEAR Months Days # UNDER 10 Hrs. Min.

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

10b. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (State or foreign country)
Linn Creek, Missouri

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Sam Riggs

13b. MOTHER'S MAIDEN NAME.
LaFavers

14. NAME OF HUSBAND OR WIFE.
Fred H. Miller

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 ADDRESS
Fred H. Miller, 5212 E 47th, K.C. No., 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Bronchiogenic carcinoma of left lung
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) obstructive
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
18 months
16 1/2

19a. DATE OF OPERATION
9 Feb 51

19b. MAJOR FINDINGS OF OPERATION
carcinoma of left lung

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 12-9, 1951, to 12-16, 1951, that I last saw the deceased alive on 12-9, 1951, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Richard W. Gunn M.D.

23b. ADDRESS 6230 Truman Rd. K.C. 35, Mo

23c. DATE SIGNED 12-16-51

24a. BURIAL CREMATION REMOVAL (Specify)
Burial

24b. DATE 12/18/51

24c. NAME OF CEMETERY OR CREMATORY
Belton

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

DATE REC'D BY LOCAL REG. 12-17-51 REGISTRAR'S SIGNATURE Seraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
G. F. Boone & Sons, Grandview, Mo

WRITE PLAINLY—USING UNEADING 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 embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

A. K. George

Signed.....

Student Embalmer

Licensed Embalmer No. *3645*

P. O. Address.....

Grandview 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.