

No. 300
10-48

FILED JAN 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1616

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>725 N. Cottage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 725 N. Cottage</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u>	b. (Middle) <u>E</u>	c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1952</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 4, 1865</u>	9. AGE (In years last birthday) <u>86</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Weston, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Pence</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Parrott</u>	14. NAME OF HUSBAND OR WIFE <u>Waller Miller (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kittie Miller Lane</u>	ADDRESS <u>Independence, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>14 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		
	ANTECEDENT CAUSES <u>Artic. Stenopneumony</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4211</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Oct. 14, 1938 to Jan. 16, 1952, that I last saw the deceased alive on Jan. 16, 1952, and that death occurred at 7:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. H. Grasse, Md</u>	23b. ADDRESS <u>Independence, Mo.</u>	23c. DATE SIGNED <u>1/17/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Weston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-18-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Independence, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0485

JAN 25 RECD

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

Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.