

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5158**
Registrar's No. **592**

FILED FEB 16 1952

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

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

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 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas city, Mo	
c. LENGTH OF STAY (In this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 3009 Forest ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sumner Rest Convalescent Home Sanford			
3. NAME OF DECEASED (Type or Print) Joseph E Miller		4. DATE OF DEATH (Month) (Day) (Year) 2 6 52	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-6-1887	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman	
11. BIRTHPLACE (State or foreign country) Dewitt Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Perfection Stone Co	
13a. FATHER'S NAME John Miller		13b. MOTHER'S MAIDEN NAME unknown	
13c. FATHER'S NAME John Miller		14. NAME OF HUSBAND OR WIFE Berniece Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-05-0360	
17. INFORMANT'S SIGNATURE OR NAME Berniece Miller		ADDRESS 3009 Forest ave	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331	
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) m.		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 1-25-52 to 2-6-52 , 19 52 , that I last saw the deceased alive on 2-6-52 , 19 52 and that death occurred at 11 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Frank Paul Laurende		23b. ADDRESS 428 S. White Ave	
23c. DATE SIGNED 2-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 2-8-52	
24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory		24d. LOCATION (City, town, or county) (State) Kansas city mo	
DATE REC'D BY LOCAL REG. 2-7-52		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE France W. Ornell		ADDRESS & C. NO. Funeral Home	

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

Russell W. France

Signed.....
Student Embalmer

Licensed Embalmer No. *4255*

P. O. Address *K. C. 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.