

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20584
State File No. 2684

FILED JUL 5 1952

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2684	
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) 50 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 3817 CAMPBELL				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) KANSAS CITY d. STREET ADDRESS (If rural, give location) 3817 CAMPBELL			
3. NAME OF DECEASED a. (First) FREDERICK b. (Middle) HERBERT c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) 6 - 12 - 52				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED		8. DATE OF BIRTH JULY 20, 1884	
9. AGE (in years last birthday) 67			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POST OFFICE		11. BIRTHPLACE (City and State or Foreign Country) NEW YORK		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME FREDERICK MILLER			13b. MOTHER'S MAIDEN NAME HELEN SAMMONS			14. NAME OF HUSBAND OR WIFE WILLA MILLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. W.W.#1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. WILLA MILLER - 3817 CAMPBELL			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic coma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) = = = II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio-sclerosis					INTERVAL BETWEEN ONSET AND DEATH 3 Days 5 years 260X 3 yrs.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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.)		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 6/8, 1952, to 6/12, 1952, that I last saw the deceased alive on 6/12, 1952, and that death occurred at 7P.m., from the causes and on the date stated above.							
23a. SIGNATURE H. S. Prentiss MD (Degree or title) H.S. Prentiss M.D.				23b. ADDRESS 900 Realto Bldg.		23c. DATE SIGNED 6/13/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-14-52	24c. NAME OF CEMETERY OR CREMATORY ELMWOOD		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		
DATE REC'D BY LOCAL REG. 6-13-52		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE, KANSAS CITY, MO.		

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

1 G. P. H. L.
Rialto
Vi 5172
Dr. P. H. H.

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 *J. A. Walton*

Licensed Embalmer No. *91744*

P. O. Address *14 E 11th*

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.