

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1547**
344

FILED FEB 14 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>2 Mo's.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clatha</u>	9150
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>18</u> <u>53</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>7-18-1885</u>		9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Formerly - Pastry cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St Joe MO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Alma Bryant</u>	13b. MOTHER'S MAIDEN NAME <u>Paulina C. Maddox unknown</u>	14. NAME OF HUSBAND OR WIFE
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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marvin Williams Clatha KS</u>

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) <u>1. Bacterial pneumonia, bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>3. carcinoma of rectum</u> DUE TO (c) <u>with metastasis to liver</u>		1547
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>11-28-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>(1) carcinoma of rectum (2) Metastatic nodules in to liver</u>	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 11-19, 1952, to 1-18-, 1953, that I last saw the deceased alive on 1-17, 1953, and that death occurred at 7 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G.O. Miles, M.D. MD</u>	23b. ADDRESS <u>411 Nichols Rd, K.C. Mo</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/18/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cem</u>
		24d. LOCATION (City, town, or county) (State) <u>St Joseph, Mo.</u>

DATE REC'D BY LOCAL REG. <u>1-20-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Altine - McElhiney K.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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922233

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

George A. Hammett

Licensed Embalmer No. *4425*

P. O. Address

*300 E. Pershing
St. Louis, 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.