

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9983

State File No.

No. 300
V. 10.48

FILED APR 9 1953

1497

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|---|--|--|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1497</u> | | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | | |
| a. COUNTY Jackson | | a. STATE Missouri | | b. COUNTY Jackson | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) About 6yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp. #2 | | | | d. STREET ADDRESS (If rural, give location) 1703 Tracy | | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | | | |
| a. (First) CURTIS | | b. (Middle) _____ | | c. (Last) MILES | | (Month) (Day) (Year) March 9, 1953 | | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown | | 8. DATE OF BIRTH Feb. 2, 1904 | | |
| 9. AGE (In years last birthday) 49 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY Santa Fe & G.M.O. RR. | | | 11. BIRTHPLACE (City and State or Foreign Country) Warren, Ark. | | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | | | | | | | |
| 13a. FATHER'S NAME Caesar Miles | | | 13b. MOTHER'S MAIDEN NAME Sallie Coleman | | | 14. NAME OF HUSBAND OR WIFE unknown | | |
| 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. 429-09-0675 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Franklin - 2545 Montgall | | | |
| 18. CAUSE OF DEATH | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown | | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | 3221 | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the mode of condition and death chronic alcoholism | | | | | | | | |
| 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) _____ | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Print or Title) Thos. A. Jones | | | 23b. ADDRESS 1612 E 12th | | | 23c. DATE SIGNED 3/13/53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 3/14/53 | | 24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | |
| DATE REC'D BY LOCAL REG. 3-14-53 | | | REGISTRAR'S SIGNATURE Sheraldine Smith | | | 25. FUNERAL DIRECTOR'S SIGNATURE E. Sterling Bills ADDRESS 1212 Vine St. | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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

E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas City,

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.