S. No. 300
V. 10-48

LED APR 9 1953

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

State File No. 9985

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1545

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (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 (If not in hospital or institution, give street address or location): 1001 East 11th St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3148
d. STREET ADDRESS (If rural, give location): 1001 E. 11th St. Apt 119

**3. NAME OF DECEASED** (Type or Print)
a. (First): BERTRAM
b. (Middle): W.
c. (Last): MILLER

**4. DATE OF DEATH** (Month) 3 (Day) 15 (Year) 53

**5. SEX**: Ma 0
**6. COLOR OR RACE**: Wh
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: 8-19-1900
**9. AGE** (In years last birthday): 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Machinist
**10b. KIND OF BUSINESS OR INDUSTRY**: Chair Co.
**11. BIRTHPLACE** (City and State or Foreign Country): Texas County, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Thomas T. Miller
**13b. MOTHER'S MAIDEN NAME**: Cora E. Nall
**14. NAME OF HUSBAND OR WIFE**: Nina M. Miller

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): XX
**16. SOCIAL SECURITY NO.**: 512-09-5220
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Nina M. Miller, 1001 E. 11th St.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Infarction
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 4201

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Natural
**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 ☐ NOT WHILE AT WORK ☐
**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* 12:45 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Hugh H. Owens — Hugh H. Owens Coroner
**23b. ADDRESS**: 1034 Pialto Bldg
**23c. DATE SIGNED**: 3-20-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3-18-1953
**24c. NAME OF CEMETERY OR CREMATORY**: Mt. Moriah Cemetery
**24d. LOCATION** (City, town, or county) (State): Kansas City, Mo.

**DATE REC'D BY LOCAL REG.**: 3-17-53
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: J W Wagner K C Mo

(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 Alvin R. Hannschel

Licensed Embalmer No. 4159

P. O. Address 415 E. 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.