

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

1655

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>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown</u>	
c. LENGTH OF STAY (in this place) <u>1 da.</u>		d. STREET ADDRESS (If rural, give location) <u>Box 373 6016 Raytown Rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Pamela</u>		b. (Middle) <u>Louise</u>	
c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 22 53</u>	
5. SEX <u>7 1</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>4-5-50</u>
9. AGE (In years last birthday) <u>3 2</u>	10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) <u>1 17 7 17</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>San Antonio Texas</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Richard C Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Tracy</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Nora Miller</u>		ADDRESS <u>373 Box</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> ANTECEDENT CAUSES DUE TO (b) <u>Post-operative hemorrhage</u> DUE TO (c) <u>tonsillectomy + adenoidectomy</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5101	
19a. DATE OF OPERATION <u>3-18-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>No surgery performed</u>		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)	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 <u>Mar 14, 1953</u> , to <u>Mar 22, 1953</u> , that I last saw the deceased <u>Valve on Mar 22, 1953</u> , and that death occurred at <u>7:20 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Leland S. Hammond</u>		23b. ADDRESS <u>25812 St. V. Rd</u>	23c. DATE SIGNED <u>Mo</u>
24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE <u>Mar 25 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lees Summit Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-24-53</u>	REGISTRAR'S SIGNATURE <u>Maudine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Egert</u>	
		ADDRESS <u>Raytown Mo</u>	

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

2-15-2015

h. 507-11

11/27/14

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 Clark Hegart

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.