

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25011

3441

FILED JUL 28 1953		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3441					
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Kansas City</b>			c. LENGTH OF STAY (In this place) <b>14 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>7 1/2 East 8th Street</b>		<b>3128</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Albert</b>			b. (Middle) <b>L.</b>		c. (Last) <b>MILLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 9, 1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 18, 1899</b>		9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operator</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Car Parking Lot</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U S</b>			
13a. FATHER'S NAME <b>Charles J. Miller</b>			13b. MOTHER'S MAIDEN NAME <b>Belle Holland</b>			14. NAME OF HUSBAND OR WIFE <b>Minnie B. Miller</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>495-10-0824</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minnie B. Miller</b>					ADDRESS <b>7 1/2 E. 8th St. K.C. Mo.</b>		
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) <b>Carcinoma Left Lung Primary</b>							INTERVAL BETWEEN ONSET AND DEATH <b>? weeks</b>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>										
	DUE TO (c) <input type="checkbox"/>										
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>102-X</b>										
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>NO JER.</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <input checked="" type="checkbox"/>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <b>6-30, 1953</b> to <b>7-9, 1953</b> that I last saw the deceased <input checked="" type="checkbox"/> alive on <b>7-9, 1953</b> and that death occurred at <b>6 P.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>G. Hunt, M.D.</b>				23b. ADDRESS <b>Kansas City, Mo.</b>			23c. DATE SIGNED				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Burial</b>		24b. DATE <b>7-10-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stover, Mo.</b>			24d. LOCATION (City, town, or county) (State)					
DATE REC'D BY LOCAL REG. <b>7-10-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>					ADDRESS <b>Kansas City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Irvin R. Arnold, Student Embalmer No. 460 working under my personal supervision..

Student Irvin R. Arnold  
Signature of Student Embalmer

Signed Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.