

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25907

FILED AUG 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 8964 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY **PLATTE**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **JACKSON**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **PARKVILLE** c. LENGTH OF STAY (in this place) **6 WEEKS**

c. CITY OR TOWN **KANSAS CITY** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ROUTE 51 Rural** e. STREET ADDRESS (If rural, give location) **21 - E - 68 ST. 7000**

3. NAME OF DECEASED (Type or Print)
a. (First) **MARJORIE** b. (Middle) **B** c. (Last) **MILLER**

4. DATE OF DEATH (Month) (Day) (Year) **JULY 23 1953**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **MAR. 2, 1883** 9. AGE (In years last birthday) **70** if under 1 year **4** Months if under 12 months **25** Days if under 12 hours _____ Min.

10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) **HOUSEWIFE** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and State or Foreign Country) **ADAMS Co. ILL** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **CHARLES G. BENTON** 13b. MOTHER'S MAIDEN NAME **E. CORNELIA DEMAREE** 14. NAME OF HUSBAND OR WIFE **A. J. MILLER**

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. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **C. H. BENTON** ADDRESS **5516 WYANDOTTE KCMO**

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Cerebral Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **12 days**
ANTECEDENT CAUSES
DUE TO (b) **Cerebral Arteriosclerosis 2 yrs**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **332X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **Jan 1, 1948**, to **July 23, 1953**, that I last saw the deceased alive on **July 22, 1953**, and that death occurred at **10:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John H. Caldwell M.D.** 23b. ADDRESS **Kansas City Mo** 23c. DATE SIGNED **7/24/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **JULY 25 1953** 24c. NAME OF CEMETERY OR CREMATORY **FOREST HILL CEM.** 24d. LOCATION (City, town, or county) (State) **KANSAS CITY MO**

DATE REC'D BY LOCAL REG. **July 24 - 53** REGISTRAR'S SIGNATURE **Alpha Ballins 257** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **D. W. Newcomer's Sons Kan. City, Mo.**

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

2830

7268

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.....
Signature of Student Embalmer

Signed *Basil J. Honey*.....

Licensed Embalmer No. *4472*.....

P. O. Address *Chland*.....

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.

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