

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39188

State File No. _____

5175

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		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 Kansas City		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6712 Monroe Avenue		e. STREET ADDRESS (If rural, give location) 6712 Monroe Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) CLYDE b. (Middle) WILLIAM c. (Last) MILLER (Sr.)			4. DATE OF DEATH (Month) (Day) (Year) 10/29/53		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 14, 1900		9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC	
11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		10b. KIND OF BUSINESS OR INDUSTRY APPLIANCE MOVING SERVICE	

13a. FATHER'S NAME E. V. MILLER		13b. MOTHER'S MAIDEN NAME IDA HARPER		14. NAME OF HUSBAND OR WIFE Alice Miller (Wife)	
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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. 490-16-9636		17. INFORMANT'S SIGNATURE OR NAME MRS. ALICE MILLER	
				ADDRESS 6712 MONROE, K.C. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 5 years		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Initial brain injury		INTERVAL BETWEEN ONSET AND DEATH 4/10X	
*This does not mean the mode of dying, such as heart failure, asthma, 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) _____			
		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 <input type="checkbox"/> NO <input type="checkbox"/>	
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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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1948	

22. I hereby certify that I attended the deceased from 1948, to Oct 21, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. H. Kelly (Degree or title) E. H. Kelly M.D.		23b. ADDRESS 402 Orabach		23c. DATE SIGNED Oct 29 1953	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 31, 1953		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
				24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	

DATE REC'D BY LOCAL REG. 10-31-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Newcome	
				ADDRESS 1331 W. 13th St. Kansas City, Mo.	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clare V. Can*.....

Licensed Embalmer No. *1934*

P. O. Address *R. O. D. M.*

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.