

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43076

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 5566

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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital

d. STREET ADDRESS (If rural, give location) 5220 East 29th Street

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) OLIVER c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) November 23, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 13, 1870

9. AGE (In years last birthday) 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SEARS-CAPTAIN

10b. KIND OF BUSINESS OR INDUSTRY FIRE DEPARTMENT

11. BIRTHPLACE (City and State or Foreign Country) PLATTE COUNTY MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE MILLER

13b. MOTHER'S MAIDEN NAME MARTHA WINGO

14. NAME OF HUSBAND-OR WIFE Lucy 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. 499-07-6223

17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucy Miller ADDRESS 5220 E. 29th St. Kansas City, Mo.

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) Pneumonia Bronchial
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) old age
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 days

4500
20. AUTOPSY? YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 17, 1953, to Nov 23, 1953 that I last saw the deceased alive on Nov 22, 1953 and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Farnsworth (Degree or title) M.D.

23b. ADDRESS 1103 Grand K.C. MO

23c. DATE SIGNED 11/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE Nov. 25, 1953

24c. NAME OF CEMETERY OR GREMATORY Mt. Moriah Cemetery

24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 11-25-53

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE DW Newcomers Sons ADDRESS 1381 BRUSH AVE. KANSAS CITY, MO

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert A. Boyer

Licensed Embalmer No. 4892

P. O. Address K.C. 10, 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.