

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1440**
Registrar's No. **351**

FILED FEB 11 1954 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 25 YRS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION 3240 Northgate St. Rest Home		e. STREET ADDRESS (If rural, give location) 1017 Holmes	
3. NAME OF DECEASED (Type or Print) Mrs. AMELIA		b. (Middle) Miller	c. (Last) Miller
4. DATE OF DEATH JAN. 21, 1954		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH JAN. 4 1861
9. AGE (In years last birthday) 94 93	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) MARYSVILLE, MO	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME John HAM		13b. MOTHER'S MAIDEN NAME JUSTINA Pool	14. NAME OF HUSBAND OR WIFE William H. 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. 499-14-4659	17. INFORMANT'S SIGNATURE OR NAME John HAM ADDRESS 4102 E. 9th St. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs	
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. Coronary Sclerosis (Lumen 1/4)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Jan 19 50 to Jan 21 1954 that I last saw the deceased alive on Jan 20 1954 and that death occurred at 3 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Chas. S. Nelson (Degree or title) MD		23b. ADDRESS 36 26 1/2 Independence	23c. DATE SIGNED Jan 21-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/21/54	24c. NAME OF CEMETERY OR CREMATORY MARYVILLE	24d. LOCATION (City, town, or county) (State) MO.
DATE REC'D BY LOCAL REG. 1-22-54		REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomers ADDRESS N. N. C. MO.

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 *Glenn H. Hill*.....

Licensed Embalmer No. *4370*

P. O. Address *P. O. C. A.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.