

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23045

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3007

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 OR TOWN KANSAS CITY)		c. LENGTH OF STAY (In this place) 64 years	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		45 STREET ADDRESS 2814 Summit (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) MILES b. (Middle) LEWIS c. (Last) JOYCE		4. DATE OF DEATH (Month) (Day) (Year) June 28, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/9/89
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Firefighter - RETIRED	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri
10b. KIND OF BUSINESS OR INDUSTRY City Fire Department		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PATRICK M. JOYCE		13b. MOTHER'S MAIDEN NAME ANNA MARY LAGY	14. NAME OF HUSBAND OR WIFE ELIZABETH JOYCE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WWI		16. SOCIAL SECURITY NO. 491-20-4197	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL OFFICIAL RECORDS, K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Obstruction of hepatic ducts due to metastatic carcinoma		INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
*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	
DUE TO (a) Metastatic carcinoma of liver		DUE TO (b) Metastatic carcinoma of liver	
DUE TO (c) as above		DUE TO (c) as above	
II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of rectum, resected	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION as above	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA	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 May 26, 1954 , to June 28, 1954 , and that death occurred at 11:30P m. , from the causes and on the date stated above.			
23a. SIGNATURE Frank A. Mantz, M.D. (Degree or title)		23b. ADDRESS VA Hospital, Kansas City, Mo	23c. DATE SIGNED 6/29/54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 1, 1954	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. 7-1-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Newcomer 1331 BROAD CREEK KANSAS CITY, MISSOURI	

WRITE PLAINLY—USING UNFADEING 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 *Richard L. Rogers*.....

Licensed Embalmer No. *198*
P. O. Address *Kennett*

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.