

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30728

No. 300
10-48

FILED OCT 7 1954

State File No.

4458

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>7113 Woodland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Medical Center</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>F</u> c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-19-54</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>FEB 16, 1907</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. SALES MGR.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FOOD DISTB.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>IRA P. MILLER</u>	13b. MOTHER'S MAIDEN NAME <u>ALMA E. PATRICK</u>	14. NAME OF HUSBAND OR WIFE <u>Anna C. Miller</u>
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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) <u>YES WW II</u>	16. SOCIAL SECURITY NO. <u>512-23234</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anna C. Miller</u>	ADDRESS <u>7113 Woodland</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma of small bowel with metastasis to abdominal organs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1527</u>
	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 checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from 9-17, 1954, to 9-19, 1954, that I last saw the deceased alive on 9-18, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>David Waxman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4802 Forest</u>	23c. DATE SIGNED <u>9-19-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/22/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u>	24d. LOCATION (City, town, or county) (State) <u>R.C. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-20-54</u>	REGISTRAR'S SIGNATURE <u>Newman Marshall</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Bellamy-McKelley-Elyer-K.L.P.</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 7

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 Ivan E. Miller....., Student Embalmer No. 507 working under my personal supervision..

Student Ivan E. Miller.....
Signature of Student Embalmer

Signed Arthur Eugene Hoover.....

Licensed Embalmer No. 491.....

P. O. Address KCM.....

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.