

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

34041

State File No.

4318

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>JACKSON</u>	b. CITY OR TOWN <u>KANSAS CITY</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>CHARITON</u>
c. LENGTH OF STAY (in this place) <u>20A, 22hrs</u>		c. CITY OR TOWN <u>BRUNSWICK</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHILDRENS MERCY HOSPITAL</u>		e. STREET ADDRESS <u>642 CLIFF DRIVE</u>	<u>0210</u>

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DELIGHT</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>MILLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10, 1954</u>
---	------------------------------	---------------------------	----------------------------	---

5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>	8. DATE OF BIRTH <u>JAN. 4, 1954</u>	9. AGE (In years last birthday) <u>8</u>	10. MONTHS <u>6</u>	11. DAYS <u>6</u>	12. IF UNDER 1 YEAR <u>6</u>	13. IF UNDER 1 MIN. <u>6</u>
--	---	---	--	--	-------------------------------	-----------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CHILD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BATTLE CREEK, MICHIGAN</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
--	--	--	--

13a. FATHER'S NAME <u>WILLIAM T. MILLER</u>	13b. MOTHER'S MAIDEN NAME <u>BEVERLY RICHARDSON</u>	14. NAME OF HUSBAND OR WIFE <u>CHILD</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Miller, 642 Cliff Drive, Brunswick Missouri</u>	ADDRESS <u>---</u>
--	--	--	------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC ARREST</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3530</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>CARDIAC EPILEPSY, Petit mal</u> 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 <u>---</u>	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) <u>BRUNSWICK MISSOURI</u>
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 SEPT. 7, 1954, to SEPT. 10, 1954, that I last saw the deceased alive on SEPT. 10, 1954, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wayne Hart</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Mercy Hospital</u>	23c. DATE SIGNED <u>SEPT. 10, 1954</u>
---	--	--

24a. BURIAL CREMATION (REMOVAL) <u>burial</u>	24b. DATE <u>9-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Brunswick, MO</u>
---	------------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>9-11-54</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. E. McCurry</u>	ADDRESS <u>Brunswick.</u>
---	--	---	-------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *L. E. McCurey*

Licensed Embalmer No. *480*

P. O. Address *Brunswick*

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.