

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12061**
1550

| | | | | | | | |
|---|----------------------------------|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | Registrar's No. _____ | |
| 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. LENGTH OF STAY (In this place) 14 Days | | c. CITY OR TOWN Raytown | | d. 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 Research Hospital | | | | STREET ADDRESS (If rural, give location) 5628 Windsor Road 7001 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph | | b. (Middle) Raymond | | c. (Last) Miner | | 4. DATE OF DEATH (Month) (Day) (Year) April 5 1955 | |
| 5. SEX D Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 30 May 1884 | | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY City | | 11. BIRTHPLACE (City and State or Foreign Country) Beatrice, Neb. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Joseph Miner | | 13b. MOTHER'S MAIDEN NAME Minnie Steel | | 14. NAME OF HUSBAND OR WIFE Alice Miner | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | | 16. SOCIAL SECURITY NO. 496-10-7816 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Miner 5628 Windsor Rd. Raytown, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ca of colon with metastasis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days 1 1/2 yrs. 153+ | |
| 19a. DATE OF OPERATION 7/26/54 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of ascending colon with liver metastasis | | | | 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) _____ m. | | 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 7/10 , 19 54 , to 4/5 , 19 55 , that I last saw the deceased alive on 4/5 , 19 55 , and that death occurred at 11:20 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE John A. Flatley (Degree or title) | | | | 23b. ADDRESS Raytown, Mo | | 23c. DATE SIGNED 4/6/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8 April 55 | 24c. NAME OF CEMETERY OR CREMATOR Floral Hills | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri. | | |
| DATE REC'D BY LOCAL REG. 4-7-55 | | REGISTRAR'S SIGNATURE Neva Minshel | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels, K.C. Mo. | | | |

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.....
Signature of Student Embalmer

Signed *Lloyd C. McCall*.....

Licensed Embalmer No. *4853*.....

P. O. Address *H. C.*.....

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.