

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33414**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4157**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>KANSAS</b> b. COUNTY <b>HEAVEN</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>Tonganoxie</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES HOSP.</b>		STREET ADDRESS (If rural, give location) <b>Rt #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>Edward</b> c. (Last) <b>MILLER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 25, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 19, 1894</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER &amp; OIL MAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING &amp; OIL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>RENO, NEVADA</b>	12. CITIZEN OF WHAT COUNTRY <b>USA.</b>
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13a. FATHER'S NAME <b>WALTER McVAB MILLER</b>	13b. MOTHER'S MAIDEN NAME <b>HELEN RICHARDS GUTHRIE</b>	14. NAME OF HUSBAND OR WIFE <b>CORINNE MILLER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <b>yes WORLD WAR I</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Corinne Miller</b> ADDRESS <b>Tonganoxie Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>  <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarct</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  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 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 **Apr 4, 1955**, to **Apr 25, 1955**, that I last saw the deceased alive on **Apr 25, 1955**, and that death occurred at **2:05 P.M.**, from the cause and on the date stated above.

23a. SIGNATURE <b>M. G. Berry</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>315 Nichols Rd. Kansas City Mo</b>	23c. DATE SIGNED <b>Sept 25 55</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9/25/55</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Tonganoxie Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-26-55</b>	REGISTRAR'S SIGNATURE <b>Neve Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clarey Quisenberry</b> ADDRESS <b>Tonganoxie Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

p. 300  
p. 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 *Hervey J. J. J.* .....  
Licensed Embalmer No. *40* .....

P. O. Address *Burlington* .....

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.