

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37173

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>196</u>	
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) OR TOWN <u>Rural Prairie</u>		c. LENGTH OF STAY (in this place) <u>1 mo 8 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		7005 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hsopt.</u>				d. STREET ADDRESS (If rural, give location) <u>1401 W. Alton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>A</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 21 55</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>2-28-1880</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Chas Miller (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Raymond Payne, Indep., Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>443X</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis obliterans lower extremities</u>						
19a. DATE OF OPERATION <u>Oct. 19, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene lower 2/3 rd lower leg</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)			
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? <u>NOV</u>			
22. I hereby certify that I attended the deceased from <u>Oct 14</u> , 19 <u>55</u> , to <u>Nov 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 21</u> , 19 <u>55</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jacobs Knapp, M.D.</u>				23b. ADDRESS <u>701 E 63rd Street</u>		23c. DATE SIGNED <u>Nov. 24, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/26/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-24-55</u>		REGISTRAR'S SIGNATURE <u>MB Langford</u>		482 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. CARSON Indep., Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *A. Gibson*.....

Licensed Embalmer No. 48.71.....

P. O. Address Indep., Mo......

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING!** (Failure to conform the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.