

FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41050

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>203</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 (If in place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Raytown</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co. Emergency Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>9412 E 55th</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u>			b. (Middle) _____			c. (Last) <u>Miller</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>12 3 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Oct 17, 1883</u>		9. AGE (In years, Months, Days) <u>72 1 16</u>		10. USUAL OCCUPATION (Give kind of work done, or most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Mayview Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Ford</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or "unknown") <u>No</u>		16. SOCIAL SECURITY NO. <u>499-14-5428</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ella Miller Kansas City 29, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES <u>Gen. of antero scler</u> Morbidity 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. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>12-3</u> , 19 <u>55</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. E. Kerth</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>204 Angyle</u>		23c. DATE SIGNED <u>12-7-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 6 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12/5/55</u>		REGISTRAR'S SIGNATURE <u>W. B. Longfellow</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Clark Heger</u>		ADDRESS <u>Raytown Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply

the above constitutes grounds for revocation of license.)

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