

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13408**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1448

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 OR TOWN Kansas City.)		c. LENGTH OF STAY (in this place) 65 Yrs	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 2208 East 9 St.		3173	

3. NAME OF DECEASED (Type or Print) a. (First) Ben		b. (Middle) H.		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) Mar 31 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 9 1869		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardware		10b. KIND OF BUSINESS OR INDUSTRY Dealer		11. BIRTHPLACE (City and State or Foreign Country) Booneville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Miller		13b. MOTHER'S MAIDEN NAME Mary A. Kemps		14. NAME OF HUSBAND OR WIFE Susie R. Miller	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Susie R. Miller 2208 East 9 St. K.C. Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Fracture left femur		5 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		E9035 4	

19a. DATE OF OPERATION 3-30-56		19b. MAJOR FINDINGS OF OPERATION Fracture neck left femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) 3-25-56		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell on street	
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22. I hereby certify that I attended the deceased from **3-26**, 1956, to **3-31**, 1956, that I last saw the deceased alive on **3-31**, 1956, and that death occurred at **P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Walton C. Ingham MD (Degree or title)		23b. ADDRESS 241 Time Bldg K.C. Mo		23c. DATE SIGNED 4-2-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 3 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 4-3-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funeral Home K.C. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Inglish
411 Nichols Rd.

Plaz 3-1149
n.

Je 1-8500.

Je 1-5457.

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

Dean Owens

Licensed Embalmer No. *428*

P. O. Address *K.C., Mo.*

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.