

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13409

1421

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1062		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) 2 days		c. CITY OR TOWN Kansas City		d. Is 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 St Luke's Hospital				e. STREET ADDRESS (If rural, give location) 105th Wornall Road					
3. NAME OF DECEASED (Type or Print) a. (First) Daisy			b. (Middle) DUETTA		c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) 3 - 31 1956		
5. SEX 1 FEMALE	6. COLOR OR RACE 2 WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-31-98	9. AGE (In years last birthday) 57	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) LINCOLN NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME CONRAD VEISEL			13b. MOTHER'S MAIDEN NAME ANNIE unknown		14. NAME OF HUSBAND OR WIFE WALTER H. MILLER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME WALTER H. MILLER		ADDRESS 105th Wornall Rd. KANSAS CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction acute				INTERVAL BETWEEN ONSET AND DEATH 48 hours	
				ANTECEDENT CAUSES Morbid 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.				4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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 March 29, 1956, to March 31, 1956, that I last saw the deceased alive on March 30, 1956, and that death occurred at 2:45 p.m., from the causes and on the date stated above.									
23a. SIGNATURE M. Donald McFarland (Degree or title) M.D.				23b. ADDRESS 315 Nichols Rd		23c. DATE SIGNED 3/31/56			
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE APRIL 2 1956		24c. NAME OF CEMETERY OR CREMATORY SLATER CEMETERY		24d. LOCATION (City, town, or county) (State) SLATER MISSOURI			
DATE REC'D BY LOCAL REG. 4-2-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
Chester K Brown

Licensed Embalmer No.....
49

P. O. Address.....
KC

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.