

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13612**
Registrar's No. **162**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 162	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 25 years		c. CITY OR TOWN Independence		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				e. STREET ADDRESS (If rural, give location) 924 E. Hayward 700th			
3. NAME OF DECEASED (Type or Print) a. (First) Georgia		b. (Middle)		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) April 6 1956	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug. 23, 1886	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months		IF UNDER 24 Hrs. Hours		IF UNDER 18 Mins. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self employed		11. BIRTHPLACE (City and State or Foreign Country) Orrick, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Mitchell		13b. MOTHER'S MAIDEN NAME Jennie Gentry		14. NAME OF HUSBAND OR WIFE Edward Miller (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 46 32 8130		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. V. G. Driskell, Washington, D. C.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		DUPLICATE (b) arteriosclerotic Cardiovascular disease + auricular fibrillation				5 days	
* This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) malnutrition				months	
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 422				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?			
22. I hereby certify that I attended the deceased from 2/25, 1956 , to 4/7, 1956 , that I last saw the deceased alive on 4/7, 1956 , and that death occurred at 12:50 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Vance E. Lusk, M.D. (Degree or title)				23b. ADDRESS 129 W. Loughton Independence, Mo.		23c. DATE SIGNED 4/9/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/9/56		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. 4-9-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Independence, Mo.	

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

54-0

(Licensed Embalmer's Statement on Reverse Side)

356' 91 1008

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Tom D. Marklan*.....

Licensed Embalmer No. *459*.....

P. O. Address *Indep. Y*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.