

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16498

State File No.

FILED MAY 17 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1855

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 OR TOWN KANSAS CITY	c. LENGTH OF STAY (If this place) 2 days	c. CITY OR TOWN HICKMAN MILLS	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 VETERANS ADMINISTRATION HOSPITAL		STREET ADDRESS (If rural, give location) 7924 SPRINGVALLEY ROAD	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) FRED c. (Last) MILLEN			4. DATE OF DEATH (Month) (Day) (Year) April 25, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21, 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Norwalk, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME George Millen	13b. MOTHER'S MAIDEN NAME Frankie KENNINGTON	14. NAME OF HUSBAND OR WIFE Ruby MILLEN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. WWI	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K. C. Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does "not mean" the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction, severe		INTERVAL BETWEEN ONSET AND DEATH 2 days
	-- ANTECEDENT CAUSES -- DUE TO (b) Coronary occlusion, anterior, descending and circumflex		
	DUE TO (c) Arteriosclerotic heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary congestion & edema			2 1/2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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. VA	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 April 23, 1956, to April 25, 1956 and that death occurred at 3:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) EUGENE C. [Signature], M.D.	23b. ADDRESS VA Hospital, Kansas City, Mo.	23c. DATE SIGNED 4/26/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 28 1956	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 4-28-56	REGISTRAR'S SIGNATURE, neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *John B Lewis*

Licensed Embalmer No.

P. O. Address *KC Mo*

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