

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16501**
221C

FILED JUN 13 1956
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 221C

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. 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"/>
c. LENGTH OF STAY (in this place) 48 YEARS		e. STREET ADDRESS (If rural, give location) 82 5630 HOLMES STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) CARL	b. (Middle) EDWARD	c. (Last) MILLIER	4. DATE OF DEATH (Month) (Day) (Year) MAY 20, 1956
-------------------------------------	------------------------	---------------------------	--------------------------	---

5. SEX ♂	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT-4-1885	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY-TREASURER		10b. KIND OF BUSINESS OR INDUSTRY TARNO MOLASSES FEED COMPANY		11. BIRTHPLACE (City and State or Foreign Country) TARNIO, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALFRED MILLIER	13b. MOTHER'S MAIDEN NAME ANNA L. HOSSICK	14. NAME OF HUSBAND OR WIFE MRS. MAUDE MILLIER
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I	16. SOCIAL SECURITY NO. 486-10-5663	17. INFORMANT'S SIGNATURE OR NAME MRS. MAUDE MILLIER	ADDRESS 5630 HOLMES ST. 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulo nephritis		5 years
	ANTECEDENT CAUSES Arterio sclerotic heart disease		
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.		4200	

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 Sept 23, 1953, to May 20, 1956, that I last saw the deceased alive on May 19, 1956, and that death occurred at 12:15A m., from the causes and on the date stated above.

23a. SIGNATURE E. G. Kettner (Degree or title) M.D.	23b. ADDRESS Kansas City Mo	23c. DATE SIGNED 5/21/56
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 22, 1956	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 5-21-56	REGISTRAR'S SIGNATURE neva marshall	25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMERS SONS	ADDRESS 1301 BAUSCH CREEK KANSAS CITY MO.
---	--	---	--

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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Adrian Jay Still*

Licensed Embalmer No. 48

P. O. Address. L.C., ...

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