

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20631**
Registrar's No. **2542**

FILED JUL 6 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) **KANSAS CITY** c. LENGTH OF STAY (in this place) **38 years** c. CITY OR TOWN **KANSAS CITY** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **PSYCHIATRIC RECEIVING CENTER** STREET ADDRESS (If rural, give location) **3746 OLIVE STREET**

3. NAME OF DECEASED a. (First) **FRED** b. (Middle) **HOVEY** c. (Last) **MILLER** 4. DATE OF DEATH (Month) (Day) (Year) **June 6, 1956**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **AUGUST 5, 1903** 9. AGE (in years last birthday) **52** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **DOCK HAND** 11. BIRTHPLACE (City and State or Foreign Country) **Nodaway County, Kansas** 12. CITIZEN OF WHAT COUNTRY? **Yes U.S.A.**

10b. KIND OF BUSINESS OR INDUSTRY **WATSON BROS. TRUCK DRIVER** 11. BIRTHPLACE (City and State or Foreign Country) **Nodaway County, Kansas** 12. CITIZEN OF WHAT COUNTRY? **Yes U.S.A.**

13a. FATHER'S NAME **George Miller** 13b. MOTHER'S MAIDEN NAME **Margaret Hovey** 14. NAME OF HUSBAND OR WIFE **Ollie F. Miller**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Unknown** 16. SOCIAL SECURITY NO. **510-03-7837** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Ollie F. Miller, wife** ADDRESS **Same**

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) **Coronary thrombosis due to arteriosclerosis**
ANTECEDENT CAUSES **arteriosclerosis, general**
Morbidity 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 **Chronic brain syndrome due to arteriosclerosis**
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **Unknown**
4201

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Not applicable** 21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) **Not applicable** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Not Applicable** 21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **Not Applicable**

22. I hereby certify that I attended the deceased from **6-3**, 1956, to **6-6**, 1956, that I last saw the deceased alive on **6-6**, 1956, and that death occurred at **8:11 Am.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **John J. O'Hearn, M.D.** 23b. ADDRESS **2200 Mc Coy Street, K.C., Mo.** 23c. DATE SIGNED **6-6-56**

24. BURIAL REMOVAL (Specify) **BURIAL** 24b. DATE **JUNE 9, 1956** 24c. NAME OF CEMETERY OR CREMATORY **BELTON CEMETERY** 24d. LOCATION (City, town, or county) (State) **BELTON MISSOURI**

DATE REC'D BY LOCAL REG **6-9-56** REGISTRAR'S SIGNATURE **Walter Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **Wm. Newcomer's Sons** ADDRESS **1391 BRUSH CREEK KANSAS CITY, MO.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John J. O'Hearn

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 Everett L. Smith, Student Embalmer No. 52 working under my personal supervision..

Student Everett L. Smith
Signature of Student Embalmer

Signed Adrian Jay Stitt
Licensed Embalmer No. 48

P. O. Address L.C. 70

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.