

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23147

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4837 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CLAY</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Smithville</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>	c. CITY OR TOWN <u>CLAYCOMO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Hosp</u>			e. STREET ADDRESS (If rural, give location) <u>315 E Longfellow Road</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>UNA</u> b. (Middle) <u>D.</u> c. (Last) <u>MILLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 17, 1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 14, 1898</u>		9. AGE (In years last birthday) <u>67</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Eli C. Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy E. Lamou</u>		14. NAME OF HUSBAND OR WIFE <u>Stanley V. Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred E. Kennedy</u>	
				ADDRESS <u>145 N. Bryant</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>			DUPLICATE OF (b) <u>Diabetes Mellitus</u>			DUPLICATE OF (c)		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Unknown		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>260X</u>			
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?			

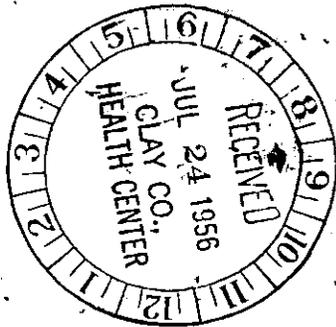
22. I hereby certify that I attended the deceased from January, 1955, to 7-17-, 1956 that I last saw the deceased alive on 7-17-, 1956 and that death occurred at 3 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald E. Kuenzi</u>		(Degree of title) <u>M.D.</u>		23b. ADDRESS <u>Rte 1 Goshland Mo</u>		23c. DATE SIGNED <u>7-17-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-19-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Mo</u>	
DATE REC'D BY LOCAL REG. <u>7-19-56</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudgins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>Low N.H.P.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

194.0



AUG 9 1956

SEP 2 1956

SEP 6 1956

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 *John W. Kalsbach*

Licensed Embalmer No. *494*

P. O. Address *No. 7 Lane*

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.