

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30868

STATE FILE NUMBER

3861

Registration District No. 199 Primary Registration District No. 1002

Registrar's No.

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, give TOWNSHIP only) Inside Limits OR TOWN KANSAS CITY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in hospital or institution ST Joseph hospital 67 yrs.		d. STREET ADDRESS (If outside, give location) 4501 WABASH Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Ralph H Miller			4. DATE OF DEATH Month Day Year August 30, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 29, 1888		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 68 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDERS CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY HOMES		11. BIRTHPLACE (City and state or country) JEDALIA MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME JOHN MILLER		
14. MOTHER'S MAIDEN NAME ANGELIA SMITH			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO. 500-14-1312A		17. INFORMANT Address MRS. MYRTLE MILLER 4501 WABASH AVENUE KANSAS CITY, MO.			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post Coronary infarction		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) The embolism of femoral vessels		?
DUE TO (c) Anterior-Sclerosis		?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (in)		
Cerebral Thrombosis		4201
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 7-18-56 to 8-30-56 and last saw her alive on 8-29-56 Death occurred at 3:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE S. S. Tarson (Degree or title)	22b. ADDRESS 3221 Troost, K.C. Mo
22c. DATE SIGNED 8/31/56	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT-1-1956	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY, MO		25. DATE RECD. BY LOCAL REG. 9-3-56	26. REGISTRAR'S SIGNATURE Reva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300-1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 J. Stettin*

Licensed Embalmer No. 488

P. O. Address *P.C., T.*

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.