

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30869

State File No. ....

No. 300  
10-48

FILED SEP 27 1956

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3944

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	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) <b>30 Years</b>		e. STREET ADDRESS (If rural, give location) <b>216 West 51st Terrace 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>216 West 51st Terrace</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>EDWARD</b> c. (Last) <b>MILLER</b>	
4. DATE OF DEATH <b>September 5, 1956</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 10, 1899</b>	
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pres., Union Asphalt &amp; Road Oils</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Casper, Wyoming</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Edward Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Arvilla McClair</b>	
14. NAME OF SPOUSE OR WIFE <b>Patricia G. Miller</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>	
16. SOCIAL SECURITY NO. <b>498-10-7861</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Patricia G. Miller</b> ADDRESS <b>216 W 51st Terrace</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES DUE TO (b) <b>Essential hypertension</b> DUE TO (c) <b>diabetes mellitus</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chr nephritis about 10 yrs</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>Sudden death 12 yrs</b> <b>27 yrs</b> <b>about 10 yrs</b>		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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
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 <b>10-6-1944</b> to <b>Sept 5, 1956</b> that I last saw the deceased alive on <b>Sept 2, 1956</b> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>E. S. Miller</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>731 Ann Kansas City</b>	
23c. DATE SIGNED <b>9-6-56</b> (State) <b>MO</b>		24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>SEPT 8/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cem.</b>	
24d. LOCATION (City, town, or county) <b>Kansas City</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; MCCLURE UND. CO., K. C. MISSOURI</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>9-7-56</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>	

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

SEP 27 1956

TIBIUM SALIVA

(found in my  
it was Thursday  
between 11 & 12  
and the morning.)

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 *J. S. Walton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *K. C. Mo*.....

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.

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