FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34135

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4434

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A. LAKESIDE HOSPITAL — Length of stay in 1b 60 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 102 NO. BRIGHTON — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LESLIE Middle M. Last MILLER

4. DATE OF DEATH Month OCTOBER Day 10 Year 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH DEC. 5-1885
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARD CANDY DEPARTMENT
10b. KIND OF BUSINESS OR INDUSTRY SUNSHINE BISCUITS INC.
11. BIRTHPLACE (City and state or country) BRUNSWICK MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME JOHN A. MILLER
14. MOTHER'S MAIDEN NAME NANNIE BRAGG

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-10-7764
17. INFORMANT MISS MARY G. MILLER Address 102 NORTH BRIGHTON KANSAS CITY, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH 2 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS — 5 YRS.
DUE TO (c) MALIGNANT HYPERTENSION — 5 YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) SENILITY.
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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

21. I attended the deceased from 8-4-56 to 10-9-56 and last saw her/him alive on 10-9-56
Death occurred at 10:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. W. Mount D.O.
22b. ADDRESS 5811 TRUMAN KC MO
22c. DATE SIGNED 10/11/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE OCT-12-1956
23c. NAME OF CEMETERY OR CREMATORY MT MORIAH CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D. W. Newcomer's Sons, ADDRESS 1331 BRUSH CREEK Kansas City, Mo.
25. DATE RECD. BY LOCAL REG. 10-12-56
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C. W. Mount, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Basil V. Hoiney

Licensed Embalmer No. 4

P. O. Address R. C.,

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