FILED DEC 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38160

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 4955

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 St. Mary's Hosp. — Length of stay in Hospital: 2 WEEKS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4313 West 77th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EUGENE Middle LACY Last MILLER

4. DATE OF DEATH: Month November Day 14 Year 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Nov. 22 1892

9. AGE (In years last birthday): 63 — 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): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Robert Reinhardt Furniture Retail

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): YES (If yes, give war or dates of service): WORLD WAR I

16. SOCIAL SECURITY NO.: 495-10-2997

17. INFORMANT: MRS. BEATRICE MILLER Address: 4313 W. 77TH STREET K.C. 15 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) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: Nov 9 1956

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardiovascular Renal Disease — 1 yr

DUE TO (c) Coronary Occlusion — 3 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

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 COUNTY STATE

21. I attended the deceased from Feb 1953, to Nov 14 1956 and last saw ~~her~~ him alive on Nov 14 1956. Death occurred at 7:55 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Orval T. Needels (Degree or title) MD — 22b. ADDRESS: 7400 Wornall KC Mo — 22c. DATE SIGNED: Nov 16 1956

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: Nov-16-1956 — 23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cemetery — 23d. LOCATION (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: D. W. Newcomer's Sons — ADDRESS: 1931 Brush Creek K.C., Mo. — 25. DATE RECD. BY LOCAL REG.: 11-16-56 — 26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Orval T. Needels

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 49

P. O. Address Indep.

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.