

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41627

STATE FILE NUMBER

5352

FILED DEC 31 1956

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Docton Hospital</u>		Length of stay in lbs. <u>57 yrs.</u>	d. STREET ADDRESS <u>3734 Valentine Rd.</u>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Joseph</u> Last <u>MILLER</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>8</u> Year <u>1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb-14-1899</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rodney Milling Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas City, Mo.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13. FATHER'S NAME <u>August H. Miller</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Ribble</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>Yes 12.12.18 - 2</u>		16. SOCIAL SECURITY NO. <u>486-01-9789</u>	
17. INFORMANT <u>Miss Mary Miller</u>		Address <u>3734 Valentine Rd.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Arteriosclerosis.</u>		<u>Years.</u>
	DUE TO (c) <u>Chenosis of liver</u>		<u>4200</u> <u>Years.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Generalized Infection.</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>-</u> Month <u>-</u> Day <u>-</u> , Year <u>-</u> a. m. <u>-</u> p. m. <u>-</u>		
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 Nov 20th, 1956 to 12/8/56 and last saw him alive on 12/7/56  
Death occurred at 8:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chas. G. Stephens</u> (Degree or title) <u>2</u>	22b. ADDRESS <u>3539 St. Kansas City, Mo</u>	22c. DATE SIGNED <u>12/9/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-10-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
23d. LOCATION (City, town or county). <u>Kansas City, Mo.</u>		(State)

24. FUNERAL DIRECTOR <u>C. H. Blackman &amp; Son Inc.</u> ADDRESS <u>K. C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-10-56</u>	26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

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00 56  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Chas. G. Stephens  
Doctor, coroner, etc. must, use only standard diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

2000  
1  
5100

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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..... *W.C. Quinn*

Licensed Embalmer No. *48*

P. O. Address ..... *K.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.