

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8801

State File No.

FILED MAR 26 1957

1162

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. 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, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Independence Mo</u>		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) <u>16 days</u>		e. STREET ADDRESS (If rural, give location) <u>3720 Sterling</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>Ray</u> c. (Last) <u>MILES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 11 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>			
8. DATE OF BIRTH <u>27 July 1895</u>		9. AGE (In years last birthday) <u>61</u>		10. UNDER 1 YEAR Months _____ Days _____			
11. UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Summerfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S</u>					
13a. FATHER'S NAME <u>John Miles</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Wills</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W. W. # 1 NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jack Kulka - 3720 Sterling, Indep. Mo</u>			
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) <u>Metastatic Carcinoma of lungs</u> ANTECEDENT CAUSES DUE TO (b) <u>Primary Carcinoma of left Kidney</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> <u>4 years</u> <u>180. +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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) m.		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 <u>Sept 12, 1956</u> to <u>March 11, 1957</u> , that I last saw the deceased alive on <u>March 16, 1957</u> , and that death occurred at <u>7:40 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>David Elias M. D.</u> (Degree or title)		23b. ADDRESS <u>9109 E. New 40th</u>		23c. DATE SIGNED <u>3-11-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 13 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>			
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FLORAL HILLS MEMORIAL CHAPEL K.C.MO</u>					
DATE REC'D BY LOCAL REG. <u>3-12-57</u>		REGISTRAR'S SIGNATURE <u>Neven Marshall</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
David J. Ellis

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 *Everett L. Seel*.....

Licensed Embalmer No. *4816*.....

P. O. Address *Kansas City*.....

**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.**