

FILED MAY 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 12211

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 475

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkview at Sunnyslope		d. STREET ADDRESS (If outside, give location) 2901 S. 29th St.	
Length of stay in hospital 15 years		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) JAMES ANDREW MILLER			4. DATE OF DEATH Month Day Year April 23, 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 21, 1891	9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. watchman		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing Co.	11. BIRTHPLACE (City and state or country) Moray, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George C. Miller			14. MOTHER'S MAIDEN NAME Mary Pennington		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 513-07-3229	17. INFORMANT Address Vernon Miller, 2901 S. 29th St., St. Joseph, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of the Stomach &amp; Metastases</i>		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a. m. p. m.		

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 10-20-56 to 3-29-57 and last saw her alive on 3-26-57. Death occurred at 10:40p. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) J. T. Matherhead MD	22b. ADDRESS 2603 Frederick City	22c. DATE SIGNED 7-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/26/1957	23c. NAME OF CEMETERY OR CREMATORY Iola Cemetery	23d. LOCATION (City, town, or county) (State) Sparks, Kansas
24. FUNERAL DIRECTOR Heston-Bowman	ADDRESS St Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Apr 30, 1957	26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

Health,  
Welfare  
Public  
ServiceS. 300  
1-56 4

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Eugene Wood*.....

Licensed Embalmer No. *3804*

P. O. Address *319 2nd St. N. J.*

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.