

FILED APR 29 1957

STANDARD CERTIFICATE OF DEATH

State File No. 12519

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 48

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| 1. PLACE OF DEATH a. COUNTY Clay | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty, Missouri | | c. LENGTH OF STAY (In this place) 8 Mo | c. CITY OR TOWN Excelsior Spgs. |
| d. FULL NAME OF HOSPITAL OR INSTITUTION I-O-O-f Hospital | | STREET ADDRESS (If rural, give location) 412 West Broadway | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) EFFIE | b. (Middle) PEARL | c. (Last) MILLER | 4. DATE OF DEATH (Month) (Day) (Year) April 18, 1957 |
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|----------------------|-------------------------------|---|-------------------------------------|---|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH May 8, 1878 | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR: Months 11 Days 10 | IF UNDER 1 MIN. Hours 0 Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Jameson, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Judge Gabriel Gaines | 13b. MOTHER'S MAIDEN NAME Mary Catherine Feurt | 14. NAME OF HUSBAND OR WIFE Marge Boyd Miller Deceased |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) No. | 16. SOCIAL SECURITY NO. No. | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Kathleen Hunt, 100 Maple, Ex. Sp. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 3 months |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis. DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331x | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Aug**, 1957, to **April 18, 1957**, that I last saw the deceased alive on **April 17, 1957**, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

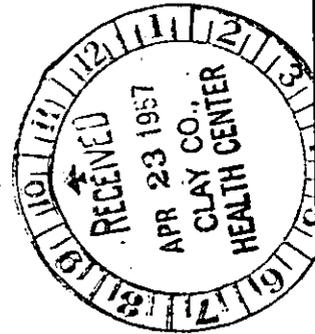
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| 23a. SIGNATURE (Degree or title) Wm. H. Hedson | 23b. ADDRESS Liberty Mo | 23c. DATE SIGNED 4/18/57 |
|---|--------------------------------|---------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE April 20/57 | 24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery | 24d. LOCATION (City, town, or county), (State) Excelsior Springs, MO. |
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| DATE REC'D BY LOCAL REG. 4-19-57 | REGISTRAR'S SIGNATURE Mabel Graham | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Virgil Hoyle Ex. Spgs. MO. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

491-



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

James A. Moles

Licensed Embalmer No. *3296*

P. O. Address *Eg. Springs*

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.