

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17244

STATE FILE NUMBER

2301

FILED JUN 5 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4706 E. 18th		Length of stay in lb 39 Yrs	d. STREET ADDRESS (If outside, give location) 4706 E. 18th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLARENCE Middle CLYDE Last MILLESON			4. DATE OF DEATH Month May Day 17 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25 1881		9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Sheet Metal		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Shambaugh, Iowa	
10c. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Fremont Milleson		13b. MOTHER'S MAIDEN NAME Sarah Cooper	
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. 487 09 5485		17. INFORMANT Address Mrs. Fern Milleson - 4706 E. 18th. K. C. 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) Coronary Fibrillation + Regurgitation			DUE TO (b) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4500
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Paralytic agonal			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
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 1943 to 5/17/57 and last saw her alive on 5/16/57 Death occurred at 5/17/57 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) G. J. Rusty D.O.			22b. ADDRESS 4949 Swape Parkway		22c. DATE SIGNED 5/17/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 5-20-1957	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapel, K. C. Mo			25. DATE RECD. BY LOCAL REG. 5-18-57		26. REGISTRAR'S SIGNATURE Neva Minshall

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

A. L. Antry

4-9983

4949
Amber
Kern
Kern



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 Carver L. Lee

Licensed Embalmer No. 4864

P. O. Address Texas 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.