

FILED JUN 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 017543

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 1021. PLACE OF DEATH  
a. COUNTY JACKSON2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY JACKSONb. CITY OR TOWN Blue Prairie c. LENGTH OF STAY (in this place) 23 daysc. CITY OR TOWN Blue Springs d. Is residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hosp.f. STREET ADDRESS (If rural, give location) 2 mi west of 40 High Way. Blue Springs Mo3. NAME OF DECEASED  
a. (First) Alfred b. (Middle) L c. (Last) Miller4. DATE OF DEATH (Month) (Day) (Year) May 18-19575. SEX male6. COLOR OR RACE white7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER8. DATE OF BIRTH Nov. 7-18699. AGE (In years last birthday) 87 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired10b. KIND OF BUSINESS OR INDUSTRY Farmer11. BIRTHPLACE (City and State or Foreign Country) Illinois12. CITIZEN OF WHAT COUNTRY? USA13a. FATHER'S NAME John Miller13b. MOTHER'S MAIDEN NAME Catherine Lier

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)16. SOCIAL SECURITY NO. none17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. But Myers Blue Springs Mo18. 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, ashenia, etc. It means the disease, injury, or complication which caused death.MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease  
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 3 wks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 420020. AUTOPSY? YES  NO 

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  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-25, 1957, to 5-18, 1957, that I last saw the deceased alive on 5-17, 1957, and that death occurred at 8:20 a.m., from the causes and on the date stated above.23a. SIGNATURE (Degree or title) A Sheahan MD23b. ADDRESS Kaytown Mo.23c. DATE SIGNED 5-18-5724a. BURIAL, CREMATION, REMOVAL (Specify) Buried24b. DATE 5-20-5724c. NAME OF CEMETERY OR CREMATORY Woods Chapel24d. LOCATION (City, town, or county) (State) Blue Springs RFD. MoDATE REC'D BY LOCAL REG. 5-24-1957REGISTRAR'S SIGNATURE N. B. Langford25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 4 1957

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 *Ralph C. Jones*

Licensed Embalmer No. *46*

P. O. Address *Adessa,*

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.