

Health,  
Welfare  
Public  
Service

FILED SEP 24 1957

STANDARD CERTIFICATE OF DEATH

32047  
STATE FILE NUMBER  
4143

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4143

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1210 EAST 40th ST.		d. STREET ADDRESS (If outside, give location) 1210 EAST 40th STREET	
Length of stay in 1b 4 YEARS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Keith Lowell Milham			4. DATE OF DEATH Month Day Year Sept 19 1957		
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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 MAR. 4-1922	9. AGE (In years last birthday) 35	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY HUNTERS MOUNTAIN PET SUPPLY	11. BIRTHPLACE (City and state or country) AUBURN, NEBRASKA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME LEWIS MILAM	13b. MOTHER'S MAIDEN NAME MAMIE AVEY	14. NAME OF HUSBAND OR WIFE MARTHA MILAM
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR II	16. SOCIAL SECURITY NO. 508-30-1167	17. INFORMANT Mrs MARTHA MILAM	Address 1210 EAST 40th STREET KANSAS CITY MO.
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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 Arteriosclerosis DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 4:200
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
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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
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Geo. C. Kealhofer	22b. ADDRESS 6627 Prospect, K.C. Mo.	22c. DATE SIGNED 9-2-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT-4-1957	23c. NAME OF CEMETERY OR CREMATORY WILLS CEMETERY	23d. LOCATION (City, town, or county) (State) PECULIAR MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMERS SONS	ADDRESS R.O. MO. BRUSH CREEK BLVD	25. DATE RECD. BY LOCAL REG. 9-4-57	26. REGISTRAR'S SIGNATURE New Minshall
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 Geo. C. Kealhofer

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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 *Raymond M. Hardy* .....

Licensed Embalmer No. *11913* .....

P. O. Address *Eden, Mo.* .....

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.