

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32048

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. Cour Registrar's No. 4119300  
-57  
4

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>STANBERRY</u>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. J. Z. INDEP. AVE.</u>		d. STREET ADDRESS (If outside, give location) <u>44 da.</u>	
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>Miller</u> Last <u>Miller</u>		4. DATE OF DEATH Month <u>9-2</u> Day <u>57</u> Year <u>57</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 15, 1871</u>
9. AGE (In years last birthday) <u>85 8/10</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>8</u> Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MATON, Ill.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Wilson</u>	
13b. MOTHER'S MAIDEN NAME <u>MARIETTA FARR</u>		14. NAME OF HUSBAND OR WIFE <u>Wm C. Miller</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>Mrs. Macy Phillips Mortuary</u>		Address <u>Stanberry, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>(1) Bronchopneumonia, terminal 2-3 days</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <u>(2) Senile changes</u>			-
DUE TO (c) <u>(3) Senile psychosis</u>			1-2 yrs
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"/>
20. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
21. TIME OF INJURY Hour <u>3:04</u> Month, Day, Year <u>9-2-57</u> a.m. p.m.			
22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
CITY, TOWN, OR LOCATION <u>Stanberry</u>		COUNTY <u>Mo.</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>June '57</u> to <u>8/30/57</u> and last saw her alive on <u>8/30/57</u>		Death occurred at <u>m</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>L. E. Miller, M.D.</u> (Degree or title)		22b. ADDRESS <u>909 Prof Bldg., K.C.</u>	
22c. DATE SIGNED <u>9-2-57</u>			
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <u>9/4/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	23d. LOCATION (City, town, or county) <u>Stanberry</u> (State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Sheil Funeral Home K.C. Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9-3-57</u>	
26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.  
L. E. Miller

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 *Richard E. Carroll* .....

Licensed Embalmer No. *4829* .....  
P. O. Address *R. E. Moore* .....

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.