

FILED DEC 5 - 1957

## STANDARD CERTIFICATE OF DEATH

40505  
STATE FILE NUMBER  
5444

Registration District No. 149

Primary Registration District No. 1005

Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5709 Agnes</i>			Length of stay in lb <i>14 years</i>		d. STREET ADDRESS (If outside, give location) <i>5109 Agnes</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Robert</i> Middle <i>Henry</i> Last <i>Miller</i>				4. DATE OF DEATH Month <i>Nov</i> Day <i>16</i> Year <i>1957</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 9, 1882</i>		9. AGE (In years, if UNDER 1 YEAR, if UNDER 24 HRS. (Last birthday) Months Days Hours Min. <i>75</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired steamer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>		11. BIRTHPLACE (City and state or country) <i>Cass County, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Isaac Jacob Miller</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Jane Riddle</i>		14. NAME OF HUSBAND OR WIFE <i>Margaret Miller</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year, No., or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>510-2043915</i>		17. INFORMANT <i>Margaret Miller, K. C. Mo.</i>			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4201</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>History Pain Chest</i>						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.) <i>History Pain Chest</i>				
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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Hugh H. Owens</i>			22b. ADDRESS <i>1034 Pratt Block</i>			22c. DATE SIGNED <i>11-18-57</i>	
22e. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		22b. DATE <i>11-18-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Harrisonville Mo.</i>			23d. LOCATION (City, town, or country) (State) <i>Harrisonville Mo.</i>	
24. FUNERAL DIRECTOR <i>Atkinson Mortuary, Harrisonville Mo</i>			25. DATE RECD. BY LOCAL REG. <i>11-18-57</i>		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		

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

Hugh H. Owens



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 *John R. DeLano*  
Licensed Embalmer No. *4531*  
P. O. Address *Kansas 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.