

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014339

STATE FILE NUMBER

1619

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1619

S. 300  
1-57 0

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen'l Hosp. #1</b>		Length of stay in lb <b>28 YEARS</b>	d. STREET ADDRESS <b>3018 Forest</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Prince</b> Middle <b>ALBERT</b> Last <b>Miller</b>			4. DATE OF DEATH Month <b>3</b> Day <b>26</b> Year <b>1958</b>		
---	--	--	---	--	--

5. SEX <b>#</b> <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG-20-1880</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b>7</b> Min. <b>7</b>
-----------------------------	-------------------------------	---	-------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>COAL</b>	11. BIRTHPLACE (City and state or country) <b>ERIE COLORADO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>JOHN SAMUEL MILLER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY ELLEN HALL</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. NORA MILLER</b>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR I</b>	16. SOCIAL SECURITY NO. <b>487-07-0209</b>	17. INFORMANT <b>CLYDE B MILLER</b> Address <b>816 LOHAFF EVANSVILLE, INDIANA</b>
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>151+</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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)		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 _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 <b>March 20, 1958</b> to <b>March 26, 1958</b> and last saw <sup>him</sup> alive on <b>March 26, 1958</b> Death occurred at <b>3:05P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <b>Robert B. Burns, M.D.</b>	22b. ADDRESS <b>24th &amp; Cherry</b>	22c. DATE SIGNED <b>3-27-58</b>
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAR-29-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
--	---------------------------------	---	--

24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MISSOURI</b>	25. DATE RECD. BY LOCAL REG. <b>3-28-58</b>	26. REGISTRAR'S SIGNATURE <b>Neve Minshall</b>
---	--	--	---

(Licensed Embalmer's Statement on Reverse Side)

Every entry on this form must be typewritten 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  
B. I. Burns

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 ..... *Robert Ray* .....

Licensed Embalmer No. *4182* .....

P. O. Address: *K.C., 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.