

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025679

STATE FILE NUMBER 3471

FILED JUL 30 1958

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

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|--|--|--|--|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 | | | Length of stay in lb 52 yrs | | d. STREET ADDRESS 1818 E. 9 St. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Leroy Middle Last Miller | | | | 4. DATE OF DEATH Month 7 Day 14 Year 1958 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH May 22, 1881 | | 9. AGE (In years last birthday) 77 yrs 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) platform attendant. | | | 10b. KIND OF BUSINESS OR INDUSTRY Santa Fe RR | | 11. BIRTHPLACE (City and state or country) Lexington, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Jim Miller | | | 13b. MOTHER'S MAIDEN NAME Anna Johnson | | | 14. NAME OF HUSBAND OR WIFE Caroline Miller | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. 485-03-4115 | | 17. INFORMANT Address Caroline Miller 1818 E. 9th St. | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular thrombosis | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ | | | | | | | | | |
| DUE TO (c) _____ | | | | | | | 332x | | |
| 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 checked="" type="checkbox"/> NO <input 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. Month, Day, Year _____ | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> 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 July 13, 1958 , to July 14, 1958 and last saw ^{him} alive on July 14, 1958 Death occurred at 10 P. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE [Signature] (Degree or title) | | | | 22b. ADDRESS 24th & Cherry | | | | 22c. DATE SIGNED 7-15-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE July 19, 1958 | | 23c. NAME OF CEMETERY OR CREMATORY Highland | | 23d. LOCATION (City, town, or country) (State) Kans. City, Missouri | | | |
| 24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton | | | | 25. DATE RECD. BY LOCAL REG. 7-16-58 | | 26. REGISTRAR'S SIGNATURE [Signature] | | | |

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

B. I. B. U. M. S.

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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 *Bruce J. Watkins*

Licensed Embalmer No. *4500*
P. O. Address *18th & Bent*

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.