

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033054  
State File No. ....

FILED SEP 16 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4103

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Clint L. Miller

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, write RURAL and give township) <b>OR TOWN</b> <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 1/2 Mo.</b>	c. CITY OR TOWN <b>Unity Village</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Curtis Nursing Home</b>			f. STREET ADDRESS (If rural, give location) <b>Utility House 7000</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eloise</b> b. (Middle) <b>Prentice</b> c. (Last) <b>Valiant</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 25 1958</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Jan. 23 1895</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hostess</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unity School</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Brooklyn N.Y.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Frank W. Valiant</b>		13b. MOTHER'S MAIDEN NAME <b>Grace Prentice</b>		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>648-32-7957</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Otto Arni Unity Village Mo.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Breast with Metastasis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>  <b>1702</b>
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from <b>May 25, 1958</b> , to <b>8-25, 1958</b> , that I last saw the deceased alive on <b>8-25, 1958</b> , and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Clint L. Miller M.D.</b>			23b. ADDRESS <b>Lee's Summit Mo.</b>		23c. DATE SIGNED <b>8/26/58</b>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>8/28/1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-27-58</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Langsford Funeral Home Lee's Summit Mo.</b>	



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 *W B Longford*.....  
Licensed Embalmer No. *283*

P. O. Address *Leis, Penn*

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.