Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036515
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4962

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Luke's — Length of stay in 1b 48 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN R.R. Rowtoul Ks Richland 7000 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) R.R. Rowtoul — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Everette Middle O Last Miller
4. DATE OF DEATH Month 10 Day 18 Year 58
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 1912
9. AGE (In years last birthday) 46 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY FARM
11. BIRTHPLACE (City and state or country) Rantoul, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Fredrick Miller
13b. MOTHER'S MAIDEN NAME Carolie Buchanan
14. NAME OF ~~HUSBAND~~ OR WIFE Lillian Miller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 512-38-5588
17. INFORMANT Lillian Miller — Address R.R. Rantoul, Ks

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lung Abscess — INTERVAL BETWEEN ONSET AND DEATH 6 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aplastic Anemia — 4 mo
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2124
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 9-58 to 10-18-58 and last saw her/him alive on 10-18-58
Death occurred at 4 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mark Dodge MD
22b. ADDRESS 4635 Wyandotte KC Mo
22c. DATE SIGNED 10-20-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10-21-58
23c. NAME OF CEMETERY OR CREMATORY Stanton
23d. LOCATION (City, town, or county) Miami Co. (State) Kansas
24. FUNERAL DIRECTOR Roy Wilson & Son — ADDRESS Paola, Kans
25. DATE RECD. BY LOCAL REG. 10-21-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Mark Dodge

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 ....Removed to Paola, Kr.... Student ~~Embalmer No.~~ embalm working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Chas. P. Wilson

Licensed Embalmer No.....

P. O. Address.....

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.