

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040092  
STATE FILE NUMBER  
5546

FILED DEC 11 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5546

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</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>General Hospital</b>		Length of stay in lb <b>48 years</b>	d. STREET ADDRESS (If outside, give location) <b>309 Garfield</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>T.</b> Last <b>Miller</b>			4. DATE OF DEATH Month <b>11</b> Day <b>20</b> Year <b>58</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>10-15-1885</b>		9. AGE (In years last birthday) <b>73</b> 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) <b>Brewery Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Goetz Brewery</b>	11. BIRTHPLACE (City and state or country) <b>Fall City, Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced (unknown)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes WW I</b>		16. SOCIAL SECURITY NO. <b>1499-14-4936</b>	17. INFORMANT Address <b>Frank E. Miller, 5042 No. Brooklyn, K.D., Mo.</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>cirrhosis of liver- early bronchopneumonia</b>					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) _____					
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"/> <b>2</b>
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 <input checked="" type="checkbox"/> WORK 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 <b>11-5-58</b> to <b>11-20-58</b> and last saw <sup>him</sup> alive on <b>11-20-58</b> Death occurred at <b>9:25 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Abraham Gelpert</b>			22b. ADDRESS <b>K.C. General Hospital</b>		22c. DATE SIGNED <b>11-20-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 24, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Jackson Co., Kansas City, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Geo. C. Carson &amp; Sons, Independence, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-24-58</b>		26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	

All diseases in Part I must be causally related.

Abraham Gelpert M.D. ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *C. Ray Spudisback* .....

Licensed Embalmer No. *5027* .....

P. O. Address *Indep, 7* .....

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.