Health, & Welfare Public Service

S. 300 D
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044286
STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6129

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center — Length of stay in this hospital 72 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location) 1515 E. 42nd St. — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Roe; Middle E.; Last Milks

4. DATE OF DEATH: Month 12, Day 23, Year 58

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 4-30-82

9. AGE (In years last birthday) 76 — 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) Maintanence Man

10b. KIND OF BUSINESS OR INDUSTRY Co. Commercial Candy

11. BIRTHPLACE (City and state or country) Blue Springs, Mo.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Clarence Milks

13b. MOTHER'S MAIDEN NAME Cassie Catlin

14. NAME OF HUSBAND OR WIFE ~~Dorothie Wilmoth~~ Laura

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or Unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 499-09-1557

17. INFORMANT Dorothie Wilmoth Address 1515 E. 42nd. K C Mo

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) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Rectum — 1 yr.
DUE TO (c) 154X
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 [ ] 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 12-13-58, to 12-23-58 and last saw ~~her~~ him alive on 12-23-58
Death occurred at 7 36 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph H. Printz M.D. (Degree or title)

22b. ADDRESS 701 E 63

22c. DATE SIGNED 12-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-26-1958

23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery

23d. LOCATION (City, town, or county) Kansas City, (State) Missouri

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home — ADDRESS Linwood 7& Woodland

25. DATE RECD. BY LOCAL REG. 12-26-58

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Joseph H. Printz

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 Melvin Bartram

Licensed Embalmer No. 4905

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.