

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047155

STATE FILE NUMBER
6209

FILED JAN 19 1959

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 6209

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1-57 0

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 330
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital No. 1		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3317 E 19th
3. NAME OF DECEASED (Type or print) First George Middle H Last Miller			4. DATE OF DEATH Month 12 Day 29 Year 58
5. SEX male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 9 unk. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/28/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY unemployed	9. AGE (In years last birthday) 78
11. BIRTHPLACE (City and state or country) ? unk.		12. CITIZEN OF WHAT COUNTRY? unk.	
13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME ?	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)		16. SOCIAL SECURITY NO. —	17. INFORMANT Record Clerk R.C.H. K.C.M.O.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intertrochanteric fracture right femur			
DUE TO (c) Generalized arteriosclerosis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a), (b), and (c). E 904			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Fell in home	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 12-26-58 p.m.		12/26/58 123	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input checked="" type="checkbox"/> NOT WHILE AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson Missouri
21. I attended the deceased from 12/26/58 to 12/29/58 and last saw him alive on 12/29/58 Death occurred at 10:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Abraham Gelpert		(Degree or title) n	22b. ADDRESS General Hospital No. 1, 24th & Cherry
22c. DATE SIGNED 12/30/58			
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE 12-30-58	23c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery	23d. LOCATION (City, State) Par. MO
24. GENERAL DIRECTOR W. J. ...		25. DATE RECD. BY LOCAL REG. 12-30-58	26. REGISTRAR'S SIGNATURE vera Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Abraham Gelpert M.D.
All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.



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 Not Embalmed, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Ann A. Stanger

Licensed Embalmer No. 3089
P. O. Address NC MM

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.