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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-012704

FILED MAY 14 1959 Registration District No. 72 Primary Registration District No. 5289 STATE FILE NUMBER Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gladstone — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6212 N. Park — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Clay
c. CITY OR TOWN Gladstone — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6212 N. Park — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Clark Middle: Richard Last: Miller
4. DATE OF DEATH Month: May Day: 1 Year: 1959
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb 15 1959
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months 2, Days — IF UNDER 24 HRS: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (City and state or country) North Kansas City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James R. Miller
13b. MOTHER'S MAIDEN NAME Vesta Mantooth
14. NAME OF HUSBAND OR WIFE none
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. none
17. INFORMANT James R. Miller, 6212 N. Park Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral Massive Lobar Pneumonia
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) 490X
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O. L. Vale M.D. (Degree or title) Coroner 3
22b. ADDRESS North Kansas City Mo
22c. DATE SIGNED 5/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/2/59
23c. NAME OF CEMETERY OR CREMATORY White Chapel Cem
23d. LOCATION (City, town, or county) (State) Clay Co., Mo
24. FUNERAL DIRECTOR D. W. Newcomer's Sons NKC ADDRESS
25. DATE RECD. BY LOCAL REG. 5-2-59
26. REGISTRAR'S SIGNATURE Alice L. Humphries, Dep

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed John U. Henick

Licensed Embalmer No. 4848

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.