Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013446

STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1831

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY, — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3906 JACKSON — Length of stay in 1b: 30 YEARS

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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3906 JACKSON — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: ROY Last: MILLER

4. DATE OF DEATH Month: APRIL Day: 10 Year: 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

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

8. DATE OF BIRTH: AUG. 1, 1903

9. AGE (In years last birthday): 55 — 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): FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY: WITTE ENGINE CO.

11. BIRTHPLACE (City and state or country): CROSS TIMBERS, MISSOURI

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

13a. FATHER'S NAME: JOHN HENRY MILLER

13b. MOTHER'S MAIDEN NAME: SARAH ELIZABETH BRESHEARS

14. NAME OF HUSBAND OR WIFE: JEWELLDEAN MILLER

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.: 487-03-2467

17. INFORMANT: 3906 JACKSON MRS. JEWELLDEAN MILLER-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): Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo
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): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Jan 1959 to Apr 10-59 and last saw her/him alive on Apr 10-59
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. C. Tripp MD

22b. ADDRESS: 6247 Brookside Blvd

22c. DATE SIGNED: 4/10/59

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

23b. DATE: 4-11-59

23c. NAME OF CEMETERY OR CREMATORY: SPRING VALLEY

23d. LOCATION (City, town, or county) (State): AVERY, MISSOURI

24. FUNERAL DIRECTOR AND ADDRESS: 1331 BRUSH CREEK BLVD. D.W.NEWCOMER'S SONS-KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.: 4-11-59

26. REGISTRAR'S SIGNATURE: Neva Minshall

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. C. Tripp

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 Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Indep. M

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.

Dr. TRIPPE
8511 Lee