

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017840

STATE FILE NUMBER

JUN 9 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2430

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 Kansas City TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #2		Length of stay in lb 2 mo.	d. STREET ADDRESS (If outside, give location) 3601 Cleveland Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle McMiller Last McMiller			4. DATE OF DEATH Month May Day 8 Year 1959
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Unknown
9. AGE (In years last birthday) 100		IF UNDER 1 YEAR Months 10 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) La.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Virginia Kyles Address 2308 E. 20th
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction.			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"/>
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.) 4201	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION 600 P		20f. COUNTY Kans.	
20g. STATE Kans.		20h. ADDRESS 600 E. 22nd Street	
21. I attended the deceased from 5-4-59 to 5-8-59 and last saw her alive on 5-8-59 Death occurred at _____ P on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE <i>W. F. ...</i> (Degree or title) D	
22a. SIGNATURE <i>W. F. ...</i> (Degree or title) D		22b. ADDRESS 600 E. 22nd Street	
22c. DATE SIGNED 5-11-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 5-16-59		23c. NAME OF CEMETERY OR CREMATORY Wyandotte County Cem.	
23d. LOCATION (City, town, or county) Kansas City, Kans.		23e. (State) Kans.	
24. FUNERAL DIRECTOR Nathan W. Thatcher		25. DATE RECD. BY LOCAL REG. 5-15-59	
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		27. (State) Kans.	

(Licensed Embalmer's Statement on Reverse Side)

E. Frank Ellis USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

Health, Welfare Public Service

300
1-57

All diseases in Part I must be causally related. Local, coroner, etc. must use only standard nomenclature in items 18-20. No symptoms will be listed.

1-12-11

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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 *Clifford J. Woods*

Licensed Embalmer No. *3106*

P. O. Address *1520 N. 6th*

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.