

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
FILED VS NOV 9 1959

59-035286
 STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1097

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>	Length of stay in 1b <u>25 years</u>	c. CITY OR TOWN <u>St. Joseph</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4909 1/2 King Hill Ave.</u>

3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>E.</u> Last <u>Miller</u>	4. DATE OF DEATH Month <u>Oct.</u> Day <u>28,</u> Year <u>1959</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 27, 1906</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Hart, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Admire</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Pleasant</u>	14. NAME OF HUSBAND OR WIFE <u>Roy M. Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-14-2213</u>	17. INFORMANT Address <u>Roy M. Miller 4909 1/2 King Hill Ave.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Acute Congestive Heart Failure</u>		<u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Myocarditis</u>		<u>unknown</u>
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>unknown</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Neck Fracture</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>Oct 6, 1959</u> , to <u>Oct 28-59</u> and last saw her <u> </u> alive on <u>Oct 28, 1959</u> Death occurred at <u>2:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Sharon E. Waggoner M.D.</u>	22b. ADDRESS <u>301 Illinois Ave St. Joseph, Missouri</u>	22c. DATE SIGNED <u>10/29/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 31, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public Cemetery St. Joseph, Mo.</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR ADDRESS <u>Clark Funeral Home St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 30, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>
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DOCUMENT
BY AFFIDAVIT OF St. Waggoner Medical Certification

Name of Deceased: John J. Hill
 Date of Death: 11-21-51
 Place of Death: St. Joseph's Hospital
 City: St. Joseph
 State: Mo.
 Age: 37
 Sex: Male
 Cause of Death: Heart Disease
 Burial Place: St. Joseph's Cemetery
 Date of Burial: 11-21-51
 Name of Burial Place: St. Joseph's Cemetery
 Name of Undertaker: St. Joseph's
 Name of Embalmer: Albin E. Boyan
 License No.: 4795

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

Albin E. Boyan, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Albin E. Boyan

Licensed Embalmer No. 4795

P. O. Address St. Joseph

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.

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