

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16048**  
**1913**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>7 months</b>		e. STREET ADDRESS (If rural, give location) <b>2620 Askew</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>Doris</b>	b. (Middle) <b>M.</b>	c. (Last) <b>MILLER</b>	<b>April 28, 1954</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9-24-1902/1903</b>	9. AGE (In years last birthday) <b>51-50</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Government</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Millard J. McMahan</b>	13b. MOTHER'S MAIDEN NAME <b>Lida Martin</b>	14. NAME OF HUSBAND OR WIFE <b>Paul W. Miller</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>486-05-5996</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Goldie V. Call</b>	ADDRESS <b>2620 Askew, K. C., Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>8-9-12</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock from Carbolic Acid Poisoning</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Kansas City Jackson Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 27, 1954</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Left Duplicated</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh H. Owens</b>	(Degree or title)	23b. ADDRESS <b>1534 Walnut Blvd</b>	23c. DATE SIGNED <b>4-28-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-30-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
DATE REC'D BY LOCAL REG. <b>4-28-54</b>	REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-MoGilley-Eylar</b>	
		ADDRESS <b>Kansas City, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....  
*Arthur Eugene Hook*

Licensed Embalmer No. 491

P. O. Address.....  
K.C.M.

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.