

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 10 1954 STANDARD CERTIFICATE OF DEATH

34040
State File No. 4962

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 10yrs		9. STREET ADDRESS (If rural, give location) 3518 Garner	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3518 Garner		3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) J. c. (Last) Miller	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1954.		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Nov. 19, 1866.	
9. AGE (In years last birthday) 87 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) Retired Baptist Minister	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Freemont Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Daniel Miller	
13b. MOTHER'S MAIDEN NAME Schaeffer		14. NAME OF HUSBAND OR WIFE Cornelia Jane 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. 490-24-3748	
17. INFORMANT'S SIGNATURE OR NAME Lotta Sullivan ADDRESS 3518 Garner Kansas City Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Standstill		INTERVAL BETWEEN ONSET AND DEATH 15 min	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Complete AV Heart Block over 1 year DUE TO (c) Atherosclerotic Heart Disease years		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 type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from 8-14 , 1954, to 10-22 , 1954, that I last saw the deceased alive on 10-22 , 1954, and that death occurred at 10:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Robert L. Ward (Degree or title) M.D.		23b. ADDRESS 4126 St John	
23c. DATE SIGNED 10-25-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 26, 1954		24c. NAME OF CEMETERY OR CREMATORY Key West	
24d. LOCATION (City, town, or county) (State) Near Lebo Kansas		DATE REC'D BY LOCAL REG. 10-26-54	
REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Forster Funeral Home Kansas City Mo.	

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

Dr. Ward 4126 St. John ^{HU} ~~St~~ 3119

1:30 PM

Nov 31/19

Bo-6052

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 *J. Vigil Herrick*
Licensed Embalmer No. *359*

P. O. Address *A. 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.