

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37507**
5264

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 Mo. 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 checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 mo.</u>		STREET ADDRESS (If rural, give location) 407 E. 79th St. Terr.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hazelwood Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Frank	b. (Middle) J.	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 26, 1876	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and State or Foreign Country) Moulinette, Ontario	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Henry Miller Unknown	13b. MOTHER'S MAIDEN NAME Levinia Cline Unknown	14. NAME OF HUSBAND OR WIFE Florence R. Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None	16. SOCIAL SECURITY NO. 106-03-9629	17. INFORMANT'S SIGNATURE OR NAME J. W. Miller	ADDRESS 407 E. 79th Terr.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 MO.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach		
	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.		1517	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-9, 1954, to 11-13, 1954, that I last saw the deceased alive on 11-2, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. R. Lyddon, Jr. (Degree or title) M.D.	23b. ADDRESS 1027 E 75, A. C. MO.	23c. DATE SIGNED 11-10-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-14-54	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Tonawanda, N.Y.
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DATE REC'D BY LOCAL REG. 11-14-54	REGISTRAR'S SIGNATURE neva minshell	25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar	ADDRESS K.C., Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
H. R. Lyddon Jr., M.D.

Dr. H. R. Lydson
75th Street

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 Ivan Miller, Student Embalmer No. 50 working under my personal supervision.

Student Ivan E. Miller
Signature of Student Embalmer

Signed Arthur E. Hoak

Licensed Embalmer No. 491

P. O. Address 18c 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.