

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30273

State File No.

FILED SEP 24 1956 REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5357 Registrar's No. 86

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

1. PLACE OF DEATH a. COUNTY Daviess		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 OR TOWN Pattonburg)		c. LENGTH OF STAY (in this place) -		c. CITY OR TOWN Grandview	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway # 69		STREET ADDRESS (If rural, give location) Wheeler Road			
3. NAME OF DECEASED (Type or Print) a. (First) Clifford		b. (Middle) Wesley		c. (Last) Miller Jr.	
4. DATE OF DEATH (Month) (Day) (Year) 9-13-56		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-15-27		9. AGE (In years last birthday) 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Stock Hauling		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME C.W. Miller Sr.		13b. MOTHER'S MAIDEN NAME Daisy Clark	
14. NAME OF HUSBAND OR WIFE Betty Lucille Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW # 2		16. SOCIAL SECURITY NO. 493-22-3452	
17. INFORMANT'S SIGNATURE OR NAME Betty Miller		ADDRESS Route 2, Grandview Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Fractured Skull immediate	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Highway 64 Daviess Co		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Belton Top Daviess Mo		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) 9-13-56-1:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Truck accident	
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 1:30 p.m. , from the causes and on the date stated above.					
22a. SIGNATURE P. S. Baumgardner		22b. ADDRESS Pattonburg Mo		22c. DATE SIGNED 9/13/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-15-56		24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	
24d. LOCATION (City, town, or county) (State) Belton, Missouri		DATE REC'D BY LOCAL REG. 9-18-56		REGISTRAR'S SIGNATURE Virginia M. Engelhart	
25. FUNERAL DIRECTOR'S SIGNATURE E.K. George & Sons Inc		ADDRESS Grandview, Mo.			

SEP 25 1956

SEP 10 1956

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 *Louis Quest*

Licensed Embalmer No. *4096*

P. O. Address *Pattonville*

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.