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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28309
STATE FILE NUMBER
3611

FILED AUG 23 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>K C Seal Hospital</i>				Length of stay in lb <i>13</i>		f. STREET ADDRESS (If outside, give location) <i>514 E 9th</i>	
3. NAME OF DECEASED (Type or print) <i>James Clever Mills</i>				4. DATE OF DEATH Month <i>7</i> Day <i>29</i> Year <i>59</i>			
5. SEX <i>Male</i>		6. COLOR OF RACE <i>White</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>69</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>9</i>	
13. FATHER'S NAME <i>L</i>				14. MOTHER'S MAIDEN NAME <i>L</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Coroner Office</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cause of death unknown</i>							INTERVAL BETWEEN ONSET AND DEATH <i>7955</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>No relatives to sign Post permit</i>							
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"/>					
200. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour _____ 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	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Hugh A Owens Coroner</i>				22b. ADDRESS <i>1034 Pratts Bldg</i>		22c. DATE SIGNED <i>8-15-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>8/1/57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>K C College of Osteopathy</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>	
24. FUNERAL DIRECTOR <i>Peter Bolger</i>		ADDRESS <i>K C Mo</i>		25. DATE REC'D. BY LOCAL REG. <i>8-1-57</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

MEDICAL CERTIFICATION

Hugh H. OWENS

(Licensed Embalmer's Statement on Reverse Side)

VS
REC 1
1950



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 *Dean B. [Signature]*

Licensed Embalmer No. *114*

P. O. Address *KC*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.