

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021559
STATE FILE NUMBER
2613

DECEASED JUN 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2613

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>2219 Russell</i>	

3. NAME OF DECEASED (Type or print) First <i>Nancy</i> Middle <i>Lee</i> Last <i>Miller</i>			4. DATE OF DEATH Month <i>May</i> Day <i>25</i> Year <i>1959</i>		
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5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>10-24-03</i>	9. AGE (In years last birthday) <i>55</i>	10. FUNDING YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stenographer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>law</i>	11. BIRTHPLACE (City and state or country) <i>Kansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
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13a. FATHER'S NAME <i>Robert Sinclair</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>—</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>487-10-7265</i>	17. INFORMANT <i>Ruth Mitchell, Mission, Kansas</i>
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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>Carcinoma pancreas metastatic</i> <i>terminal hypostatic pneumonia</i> <i>inanition</i>		INTERVAL BETWEEN ONSET AND DEATH
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>157X</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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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
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21. I attended the deceased from Death occurred at <i>9 PM 8-16-53</i> to <i>5/25/59</i> and last saw her alive on <i>5/25/29</i> m of the day stated above; and to the best of my knowledge from the causes stated.	22a. SIGNATURE (Degree or title) <i>J. G. Montgomery M.D.</i>	22b. ADDRESS <i>1332 Profess Bldg KC Mo</i>	22c. DATE SIGNED <i>5/26/59</i>
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23a. BURIAL CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>5-26-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Hope</i>	23d. LOCATION (City, town, or State) <i>Kansas City, Kansas</i>
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24. FUNERAL DIRECTOR <i>R.A. Fulton, Kansas City, Kansas</i>	25. DATE RECD. BY LOCAL REG. <i>5-26-59</i>	26. REGISTRAR'S SIGNATURE <i>neva mirabell</i>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
J. G. Montgomery
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Ralph Fulton*

Licensed Embalmer No. *3035*

P. O. Address *KCK*

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.