

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025303

FILED JUL 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3243 STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b LIFE 14		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSP.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5121 WYANDOTTE		
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT ROY MILES				4. DATE OF DEATH Month Day Year JUNE 30, 1959				
5. SEX male		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH APRIL 3, 1889		
				9. AGE (last birthday) 70 YRS.		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SUPERVISOR			10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE.		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MILES				13b. MOTHER'S MAIDEN NAME HANNAH EXTRUND		14. NAME OF HUSBAND OR WIFE ETHEL KIRK MILES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I				16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address ETHEL KIRK MILES 5121 WYANDOTTE, K.		
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>Pneumonia and Cardiac Failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cor Pulmonally</i> DUE TO (c) <i>Emphysema</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cor Pulmonally</i> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH <i>One month</i> <i>not known</i> <i>not known</i>								
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year								
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 <i>5-29-59</i> to <i>6-30-59</i> and last saw him alive on <i>6-30-59</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>E. A. Samuelson M.D.</i>				22b. ADDRESS <i>4620 Nichols Pkwy K.C. 12 Mo.</i>		22c. DATE SIGNED <i>7-1-59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 3, 1959		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM		23d. LOCATION (City, town, or county) KANSAS CITY, MO.		
24. FUNERAL DIRECTOR <i>D. W. Newcomer's Sons</i>				25. DATE RECD. BY LOCAL REG. <i>7-2-59</i>		26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Basil P. Honey

Licensed Embalmer No. 4729
P. O. Address A.C. Mo

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.