I DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 2 1959

59-029427
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 370

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b: 5mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirby Rest Home Ind.Mo — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS 39th & Lees Summit Rd (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First / Middle / Last: DAISY (MARGARET LEE) MILLER

4. DATE OF DEATH Month, Day, Year: Aug. 23, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: May 23, 1868
9. AGE (last birthday): 91
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Jackson Co. Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Botts
13b. MOTHER'S MAIDEN NAME: Elvira Trimble
14. NAME OF HUSBAND OR WIFE: Wm H. Miller dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Claude G. James — Address: Indep, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Cardiac Decompensation
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3/25/57 to 8/23/59 and last saw her/him alive on 8/12/59
Death occurred at 8:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Fred J. Lemmar (Degree or title)
23b. ADDRESS Indep Mo
23c. DATE SIGNED 8-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 25, 1959
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn
23d. LOCATION (City, town, or county) (State): Independence, Mo.

24. FUNERAL DIRECTOR: OTT & MITCHELL — ADDRESS: INDEP, MO.
25. DATE RECD. BY LOCAL REG.: 8-25-59
26. REGISTRAR'S SIGNATURE: James L. Gray

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — DOCUMENT

NOV 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 315

P. O. Address

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