

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032485

FILED OCT 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4705 STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Length of stay in lb <u>52 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5445 CHARLOTTE</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5445 CHARLOTTE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>RAYMOND</u> Middle <u>HENRY</u> Last <u>MILLER</u>				4. DATE OF DEATH Month <u>SEPT.</u> Day <u>26</u> Year <u>1959</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>4-7-1892</u>		9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>LAWMOWER PARTS</u>		11. BIRTHPLACE (City and state or country) <u>OSAWATOMIE KANS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>GEORGE C. MILLER</u>				13b. MOTHER'S MAIDEN NAME <u>LOLA STITH</u>				14. NAME OF HUSBAND OR WIFE <u>HAZEL MILLER</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give <u>WW I</u> dates of service) <u>YES</u>				16. SOCIAL SECURITY NO. <u>486-01-2123</u>		17. INFORMANT <u>HAZEL MILLER</u>				Address <u>5445 CHARLOTTE</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Dis.</u> DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH <u>1 min.</u> <u>2 yrs.</u>			
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.)									
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 checked="" 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 <u>Mar. 1957</u> to <u>Sept. 26, '59</u> and last saw ^{her} him alive on <u>Sept. 24, '59</u> Death occurred at <u>9:50</u> <u>A.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>John B. Justus M.D.</u>						22b. ADDRESS <u>4620 Nichols Pkwy. E. C. Mo.</u>			22c. DATE SIGNED <u>Sept. 28, 1959</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-28-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT WASHINGTON</u>			23d. LOCATION (City, town, or county) <u>KANSAS CITY MO</u>			23e. STATE <u>MO</u>			
24. FUNERAL DIRECTOR <u>C.H. BLACKMAN & SON, INC K C Mo</u>				25. DATE RECD. BY LOCAL REG. <u>9-28-59</u>		26. REGISTRAR'S SIGNATURE <u>Steve Marshall</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
John B. Justus

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

W. C. Rinne

Licensed Embalmer No. 4879

P. O. Address N.C., Miss

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