

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002040

FILED VS JAN 20 1960

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 37

ENDED

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 Independence		Length of stay in 1b 40yrs		c. CITY OR TOWN Jackson County		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 19311 E. Truman Rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROSABELLE nmi MILLIRONS				4. DATE OF DEATH Month Day Year Jan. 9, 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May 2, 1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Terre Haute, Ind.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Wm Shipman			13b. MOTHER'S MAIDEN NAME Catherine Flynn			14. NAME OF HUSBAND OR WIFE Wm. dec		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No		16. SOCIAL SECURITY NO. 486-03-0799-D		17. INFORMANT Sylvia Wiley Address 19311 E Truman Rd Indep, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Congestion, Pneumonia, 1 week DUE TO (b) mitral & aortic valve stenosis, regurgitation, 10 yrs 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
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 . . . Month, Day, Year 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 1945 Jan 1960 and last saw her Jan 9 1960 alive on Death occurred at Jan 9, 1960 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Jed W. Smith M.D. (Degree or title)				22b. ADDRESS 10224 Independence Way Kew 1-1150		22c. DATE SIGNED 1-11-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 12, 1960	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Raytown Mo.				
24. FUNERAL DIRECTOR OTT & MITCHELL INDEP. MO.			25. DATE RECD. BY LOCAL REG. 1-12-60		26. REGISTRAR'S SIGNATURE James A. Craig			

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jason I. White

Licensed Embalmer No. 4925

P. O. Address Ondep. 111

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.