

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015278

FILED VS. MAY 16 1960

149

Primary Registration District No. 1002

Registrar's No.

2442

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 25 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 3904 Wyoming			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4032 FOREST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First William Middle E Last Easley				4. DATE OF DEATH Month MAY Day 2 Year 1960					
5. SEX Male		6. COLOR OR RACE Cauc.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH MARCH 13, 1898		9. AGE (last birthday) 62	
IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER				10b. KIND OF BUSINESS OR INDUSTRY GRAIN ELEVATOR	
11. BIRTHPLACE (City and state or country) MACON CO. MISSOURI				12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME William Easley			13b. MOTHER'S MAIDEN NAME Eva Owen			14. NAME OF HUSBAND OR WIFE MARY S. Easley			
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. 496-05-1869		17. INFORMANT Address MARY Easley 4032 FOREST				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anterior wall myocardial infarction with coronary thrombosis								INTERVAL BETWEEN ONSET AND DEATH 2 mo.	
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)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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 _____ 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 3-15-60 to 5-2-60 and last saw ^{her} him alive on 4-6-60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Wilson H. Miller, M.D.				22b. ADDRESS 4620 Indyp. Ave. Kansas City, Mo.				22c. DATE SIGNED 5-3-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 5, 1960		23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) (State) Kansas City, MO.			
24. FUNERAL DIRECTOR Muehlebach		ADDRESS 6800 Troost		25. DATE RECD. BY LOCAL REG. 5-3-60		26. REGISTRAR'S SIGNATURE Reva Minshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF WILSON H. MILLER

Dr. W. Miller
4620 Independence
after 1:00 PM.
on
Crown

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. M

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.