

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015514

FILED VS MAY 16 1960

149

Primary Registration District No. 1002

Registrar's No.

2376

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS City</b>	Length of stay in 1b <b>4 hrs</b>	c. CITY OR TOWN <b>KANSAS City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Marys Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>3621 Summit</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HAROLD</b> Middle <b>LUANE</b> Last <b>Miller II</b>			4. DATE OF DEATH Month <b>4</b> Day <b>26</b> Year <b>60</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>APR 26 1960</b>	9. AGE (last birthday) <b>4</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>		11. BIRTHPLACE (City and state or country) <b>KANSAS City Mo</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Harold L. Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Vivian L. Miller Ross</b>	
14. NAME OF HUSBAND OR WIFE <b>—</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>—</b>		16. SOCIAL SECURITY NO. <b>—</b>	
17. INFORMANT <b>Harold L. Miller</b>		Address <b>3621 Summit, K.C. Mo</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<b>Anoxemia</b>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<b>Prematurity = 28 wks</b>	
DUE TO (b)	<b>Premature rupt. Membranes</b>	<b>24 hrs</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"/> 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 <b>—</b> Month, Day, Year <b>4-26-60</b> a.m. <b>—</b> p.m. <b>—</b>	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 **4-26-60** to **4-26-60** and last saw her/him alive on **4-26-60**  
Death occurred at **—** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Kermit Knoch, M.D.</b>		22b. ADDRESS <b>4620 Nichols Pl Wyr</b>		22c. DATE SIGNED <b>4-28-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>APR 28 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cem</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS City KANSAS</b>	
25. DATE RECD. BY LOCAL REG. <b>4-28-60</b>		26. REGISTRAR'S SIGNATURE <b>never Marshall</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Kermit Knoch**

HA GENERAL DIRECTOR  
Address  
**1901 Olathe Blvd, K.C. 3, Kan**

**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 Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland  
Kansas

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.