RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

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FILED VS JUL 5 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3229 STATE FILE NUMBER

DED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 50 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hosp. — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4551 Main St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Inez — Middle: — Last: Miller
4. DATE OF DEATH: Month: June Day: 16 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: JULY 5, 1887
9. AGE (last birthday): 72 yrs.
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): EDGERTON MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: C. F. CHRISMAN
13b. MOTHER'S MAIDEN NAME: ALICE DARE
14. NAME OF HUSBAND OR WIFE: JESSE LEROY MILLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: RAY CHRISMAN Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis, acute — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.
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. [ ] 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 6-12-52, to 6-16-60 and last saw her alive on Jan 5, 1960
Death occurred at 9:15 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred H. Lundgren Jr. MD
22b. ADDRESS: 315 Nichols Road
22c. DATE SIGNED: 6-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: JUNE 18, 1960
23c. NAME OF CEMETERY OR CREMATORY: FOREST HILL
23d. LOCATION (City, town, or county) (State): KANSAS CITY MO.

24. FUNERAL DIRECTOR ADDRESS: D.W. Newcomers Sons Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 6-18-60
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Fred H. Lundgren, Jr. MEDICAL CERTIFICATION

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_____ Signed Marvin D. Preston
Signature of Student Embalmer

Licensed Embalmer No. 5040

P. O. Address Kansas C

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