

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 29 1960

-60-030698

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4208

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 Kansas City		Length of stay in 1b 55yrs		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 Menorah Medical Center			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4311 Roanoke Parkway		Reside on Farm 777/No								
3. NAME OF DECEASED (Type or print) First Ella Middle Bert Last Miller				4. DATE OF DEATH Month August Day 16th Year 1960											
5. SEX Female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-8-86		9. AGE (last birthday) 74		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Stanberry, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME Jefferson Shisler				13b. MOTHER'S MAIDEN NAME Vasta Unknown				14. NAME OF HUSBAND OR WIFE Norman Miller							
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. None		17. INFORMANT Address Norman Miller 4311 Roanoke Pkwy,									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C.V.A.										INTERVAL BETWEEN ONSET AND DEATH 7 DAYS					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension, E.S.										45					
DUE TO (c) Arterio-sclerotic Cardio-Vas. Dis										Yrs					
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 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 1958 to 8-16-60 and last saw her ^{him} alive on 8-15-60 Death occurred at 4:20A m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE B. Marcus Heller, Esq.						22b. ADDRESS 409 E. 6th			22c. DATE SIGNED 8-16-60						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 18, 1960		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.			23d. LOCATION (City, town, or county) Kansas City, Missouri			(State)					
24. FUNERAL DIRECTOR Gates, 1901 01athe Blvd., Kansas City, Kansas				25. DATE RECD. BY LOCAL REG. 8-16-60		26. REGISTRAR'S SIGNATURE H-L. Dwyer									

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
B. Marcus Heller

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ 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

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