

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-034921

FILED VS OCT 14 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4921 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in lb 61 yrs. | 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 General Hospital | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1003 Jefferson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First GUS Middle - Last MILLER | 4. DATE OF DEATH Month 9 Day 29 Year 60 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> unknown | 8. DATE OF BIRTH 12-13-93 | 9. AGE (last birthday) 66 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher | 10b. KIND OF BUSINESS OR INDUSTRY Wilson & Co. | 11. BIRTHPLACE (City and state or country) Necedah, Wisconsin | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME John Miller | 13b. MOTHER'S MAIDEN NAME Mary Bowers | 14. NAME OF HUSBAND OR WIFE Marguerite Shotwell |
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| 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. 495-09-4857 | 17. INFORMANT Mrs. Dorothy Hudson : 1003 Jefferson | Address K.C., Mo. |
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| 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) | peritonitis | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) duodenal ulcer | |
| | DUE TO (c) | |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year |
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| 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 |
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>H. L. Dwyer</i> (Degree or title) M.D. | 22b. ADDRESS 2400 Cherry St. - K.C., Mo. | 22c. DATE SIGNED 9-29-60 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 10-1-60 | 23c. NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Kansas |
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| 24. FUNERAL DIRECTOR Weillert Funeral Homes (S) K.C., Mo. | 25. DATE RECD. BY LOCAL REG. 9-30-60 | 26. REGISTRAR'S SIGNATURE <i>H. L. Dwyer</i> |
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DOCUMENT

H. L. Dwyer 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

~~or~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jack J. Moore

Licensed Embalmer No. 4729

P. O. Address. Kansas

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