RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-046225

FILED VS DEC 1 9 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5926 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: 13 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K. C. Osteopath Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Grandview — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 150 & 71 Hways — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: PAUL Middle: EDWIN Last: MILLER
4. DATE OF DEATH Month, Day, Year: November 25, 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-2-05
9. AGE (last birthday): 54 — 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): Owner & Operator
10b. KIND OF BUSINESS OR INDUSTRY: Service Station
11. BIRTHPLACE (City and state or country): Chariton, Iowa
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Arthur Miller
13b. MOTHER'S MAIDEN NAME: Emma C. Gustafson
14. NAME OF HUSBAND OR WIFE: Opal 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. 478 05 0014
17. INFORMANT Address: Opal Miller, Grandview, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Peripheral Vascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Artery Occlusion — 30 1/2 hr
DUE TO (c) Arteriosclerotic Heart Disease — Years
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 Nov 11-60, to Nov 25-60 and last saw him alive on Nov 25, 1960
Death occurred at 12:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John E. Cavanaugh D.O.
22b. ADDRESS 309 Main St. Belton Mo
22c. DATE SIGNED 11/25/1960

BY AFFIDAVIT OF John E. Cavanaugh

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/27/1960
23c. NAME OF CEMETERY OR CREMATORY Belton Cemetery
23d. LOCATION (City, town, or county) (State) Belton, Mo

24. FUNERAL DIRECTOR E. K. George & Sons — ADDRESS Grandview, Mo
25. DATE RECD. BY LOCAL REG. 11-25-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Sterling E. Godda

Signature of Student Embalmer

Licensed Embalmer No. 491

P. O. Address Grandvie

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.