

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS BEC 1 9 1960

-60-046226

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6141 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JAEKSON		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 18 YEARS	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6140 THE PASEO
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILSON Middle LEE Last MILLER	4. DATE OF DEATH Month DECEMBER Day 4 Year 1960
---	---

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"/> MARRIED	8. DATE OF BIRTH 1/24/17	9. AGE (last birthday) 43 YEARS	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) CREDIT MANAGER	10b. KIND OF BUSINESS OR INDUSTRY RICHARDS-CONOVER STEEL CO.	11. BIRTHPLACE (City and state or country) ST. JOSEPH, MISSOURI, U.S./S.A.	12. CITIZEN OF WHAT COUNTRY
---	---	---	-----------------------------

13a. FATHER'S NAME WALTER L. MILLER	13b. MOTHER'S MAIDEN NAME EVA WILSON	14. NAME OF HUSBAND OR WIFE DOROTHY H. 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. 495-09-5452	17. INFORMANT Address DOROTHY H. MILLER, 6140 THE PASEO, K.C. MO
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Posterior myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 12/3/60
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

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.)
--	---	--

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 **March 1960** to **Dec. 4, 1960** and last saw him alive on **Nov 9, 1960**
Death occurred at **12:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lytle G. Willis M.D.	22b. ADDRESS 1103 Grand Avenue	22c. DATE SIGNED 12/5/60
--	---------------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-7-60	23c. NAME OF CEMETERY OR CREMATORY Dove Hill	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
---	--------------------------	---	--

24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 12-6-60	26. REGISTRAR'S SIGNATURE H. S. Sawyer
--	---	---

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION Lytle G. Willis

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

Marvin D. Presto

Licensed Embalmer No. 5040

P. O. Address H. C. 7

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