

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001531
STATE FILE NUMBER

FILED VS FEB 14 1961

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 428

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF
 WILLIAM B. ALLIEN

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Missouri</u>		Length of stay in 1b <u>52 YEARS</u>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION. <u>St. Luke's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7220 Charlotte STREET</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Flavella</u> Middle <u>Lillian</u> Last <u>Miles</u>			4. DATE OF DEATH Month <u>January</u> Day <u>25</u> Year <u>1961</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-26-04</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and state or country) <u>KANSAS CITY, KANS.</u>	
13a. FATHER'S NAME <u>MATHEW ALLISON</u>		13b. MOTHER'S MAIDEN NAME <u>HILDA BASTMAN</u>		14. NAME OF HUSBAND OR WIFE <u>EDWIN H. MILES, SR.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>AROLD EDWIN H. MILES, SR.</u> Address <u>7220 CHARLOTTE KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Apoplexy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>---</u> DUE TO (c) <u>---</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <u>---</u>	
20c. TIME OF INJURY Hour <u>---</u> Month, Day, Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>		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.) <u>---</u>	
20f. CITY, TOWN, OR LOCATION <u>---</u>		COUNTY <u>---</u>		STATE <u>---</u>	
21. I attended the deceased from <u>1/22/61</u> and last saw her/him alive on <u>1/25/61</u> Death occurred at <u>3:00 A.</u> on <u>1/25/61</u> at the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>William B. Allen</u> (Degree or title)			22b. ADDRESS <u>4620 G. Nichols Kansas City Mo</u>		22c. DATE SIGNED <u>1/26/61</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN. 27, 1961</u>	23c. NAME OF CEMETERY OR CREMATOR <u>MT. WASHINGTON CEMETERY</u>		23d. LOCATION (City, town, or county) <u>KANSAS CITY MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u> Address <u>1331 BRUSH CREEK K.C.MO.</u>		25. DATE RECD. BY LOCAL REG. <u>1-26-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

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STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond M. Hardy

Licensed Embalmer No. 4913

P. O. Address Judea, Mo

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.