

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-005435

FILED VS MAR 1 1961 49

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 692

STATE FILE NUMBER

AMENDED

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>  |   | c. CITY OR TOWN <u>Kansas City</u>  |  |
| Length of stay in 1b <u>Life</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. Joseph</u>   |   | d. STREET ADDRESS (If outside, give location) <u>3111 Summit</u>  |  |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>CLARA ANN MILLER</u>  |   |   | 4. DATE OF DEATH<br>Month <u>2</u> Day <u>8</u> Year <u>1961</u>   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>12-21-89</u>  |
| 9. AGE (last birthday) <u>71</u>  |   | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Supervisor, Ret.</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Telephone</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Kansas City, Mo.</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |   | 13a. FATHER'S NAME<br><u>John Riedl</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Theresa Weixeldorfer</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Evan E. Miller</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 17. INFORMANT<br><u>Emilie Pauly</u> Address <u>2296 Engelwood Rd. Kansas City, Mo.</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of heart</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 years</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <u>August 1960</u> to <u>February 1961</u> and last saw her alive on <u>Feb. 8, 1961</u><br>Death occurred at <u>10:30 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE <u>Albert J. Decker</u> (Print or type)  |   | 22b. ADDRESS<br><u>Kansas City, Mo.</u>   | 22c. DATE SIGNED<br><u>2-9-61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>2-11-61</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Mary</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City MO.</u>  |
| 24. FUNERAL DIRECTOR<br><u>Wagner Funeral Home K.C. Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>2-9-61</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>  |

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
Albert J. Decker

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 Phillip L. Smith, Student Embalmer No. 622

working under my personal supervision.

Student Phillip L. Smith  
Signature of Student Embalmer

Signed Alvin R. Harnisch

Licensed Embalmer No. 4159

P. O. Address K. C. 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.