

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008991

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1307

AMENDED

Place of Death WAR 29 1961

1. a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
Length of stay in 1b <u>2 Weeks</u>		c. CITY OR TOWN <u>Raytown</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>Blue Ridge Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>9012 E. 55 Street</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

MARGARET ELLEN MILLER Mar. 12, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Apr. 29 1882 9. AGE (last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXXXXXXX 11. BIRTHPLACE (City and state or country) Lafayette Co. Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME L.C. Green 13b. MOTHER'S MAIDEN NAME Martha Saylor 14. NAME OF HUSBAND OR WIFE Roy 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. XXXXXXXXXXXX 17. INFORMANT Mrs. Oliver Jennings Address 9012 E. 55th.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Concomitant
CA of Bladder.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH 1 yr.
4 yrs.

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 Sept 1951 to March 12/61 and last saw her alive on 3/3/61
Death occurred at 3/12/61 @ 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A L Biggs, M.D. 22b. ADDRESS Raytown, Mo. 22c. DATE SIGNED 3/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Mar. 14, 1961 23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery 23d. LOCATION (City, town, or county) (State) Raytown, Missouri.

24. FUNERAL DIRECTOR E. Clark Fegert, Raytown, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 3-13-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 Clark H. Hester

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.