

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

188061-013876
STATE FILE NUMBER

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

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED MAY 8 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>2 yrs.</u>	c. CITY OR TOWN <u>Overland Park</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>Neurological Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6811 West 79th.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MILTON</u> Middle <u>ALFRED</u> Last <u>MIERMASTER</u>			4. DATE OF DEATH Month <u>April</u> Day <u>14</u> Year <u>1961</u>			
5. SEX <u>Male</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>1/25/1896</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done) <u>Broker & Builder (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real estate</u>	11. BIRTHPLACE (City and state or country) <u>Dillon, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>William Miermaster</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Gutenrath</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Miermaster</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give War or dates of service) <u>Yes. W.W. #1</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Margaret Miermaster</u> <u>Overland Park</u> <u>Kansas</u> <u>C. 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 THROMBOSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>+ 1 MO</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIO SCLEROSIS</u>					<u>+ 2 YEARS</u>	
DUE TO (c) <u>GENERAL ARTERIO SCLEROSIS</u>					<u>+ 5 YEARS</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>CHRONIC BRAIN SYNDROME ASSOC. WITH CEREBRAL ARTERIO SCLEROSIS</u>				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 type="checkbox"/> NO <input checked="" 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 checked="" 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>JUNE 27 1959</u> to <u>APRIL 14, 1961</u> and last saw her/him alive on <u>APRIL 14, 1961</u> . Death occurred at <u>6:45 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Albert E. Fulton M.D.</u>			22b. ADDRESS <u>2625 W. PASEO KANSAS CITY</u>		22c. DATE SIGNED <u>4/15/61</u>	
23a. BURIAL CREMATION, REINTERMENT (Specify) <u>REINTERMENT</u>	23b. DATE <u>4-17-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Johnson Co. Mem. Gardens</u>	23d. LOCATION (City, town, or Mo.) (State) <u>Johnson Co. Ks.</u>			
24. FUNERAL DIRECTOR <u>Stine & McClure Funeral Home,</u> <u>Kansas City, Missouri.</u>		25. DATE RECD. BY LOCAL REG. <u>4-17-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>			

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 Belton W. Walker

Licensed Embalmer No. 5078

P. O. Address KC, 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.