

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-017656

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2119

STATE FILE NUMBER

FILED MAY 17 1961			
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</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>708 W. 48th</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary M. Miller</u>			4. DATE OF DEATH Month Day Year <u>April 27, 1961</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-9-80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Art Institute</u>	9. AGE (last birthday) <u>80 yr.</u>
13a. FATHER'S NAME <u>Samuel D Muir</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda P Dodson</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</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.	14. NAME OF HUSBAND OR WIFE <u>Charles Edwin Miller</u>
17. INFORMANT <u>Ralph M Miller, 708W48, KC Mo.</u>		11. BIRTHPLACE (City and state or country) <u>Betton, 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>Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Spontaneous Rt. pneumothorax</u>			<u>2 days</u>
DUE TO (c) <u>chronic Pulmonary emphysema</u>			<u>3 yrs.</u>
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 Month, Day, Year a.m. p.m.			
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>1958</u> to <u>Apr. 27, '61</u> and last saw her alive on <u>4-27-61</u> Death occurred at <u>10:30 P.</u> m of the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W Roblison M.D.</u>		22b. ADDRESS <u>4635 Maryland</u>	22c. DATE SIGNED <u>4-28-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-29-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Betton, Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Betton Mo.</u>
24. FUNERAL DIRECTOR <u>Stine + McClure, Kansas City Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-29-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

DATE AVAILABLE INSTEAD OF SHOULD READ ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF W Roblison

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 Behan W Meeker

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.