

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037092

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5021

5021

STATE FILE NUMBER

AMENDED

FILED OCT 19 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF WALLACE H. GRAHAM MEDICAL CERTIFICATION

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   | Length of stay in 1b<br><b>57 years</b>   | c. CITY OR TOWN <b>Kansas City</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2826 Campbell St.</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>last add. 807 West 40th St.</b>  |
| 3. NAME OF DECEASED<br>(Type or print) First <b>WILLIAM</b> Middle <b>MURVIN</b> Last <b>MILLER</b>   |   |   | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>8</b> Year <b>1961</b>   |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b>  | 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><b>7-10-78</b>   |
| 9. AGE (last birthday)<br><b>83 years</b>   |   | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>               | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Contractor</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Building Painting</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Cuba, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>William S. Miller</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>- no record -</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Lula R. Miller</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>no</b>  |   | 16. SOCIAL SECURITY NO.<br><b>-</b>   |  |
| 17. INFORMANT<br><b>Herman A. Miller, 3409 Genessee</b>   |   | Address   |  |
| 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) <b>Cerebral Hemorrhage</b>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>72 Hrs.</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive - Cardio-Vascular Dis.</b>   |   |   |  |
| DUE TO (c) <b>Arteriosclerosis &amp; Senility.</b>  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Pulmonary Edema - Hypostatic Pneumonia</b>  |   |   | 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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. 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 <b>Oct '61</b> to <b>8 Oct '61</b> and last saw him alive on <b>8 Oct '61 - 10:00 PM</b><br>Death occurred at <b>10:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Wallace H. Graham M.D.</b>   |   | 22b. ADDRESS<br><b>518 Argyle Bldg</b>  | 22c. DATE SIGNED<br><b>9 Oct 1961</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>10-12-1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Forest Hill Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>WAGNER FUNERAL HOME</b>  |   | ADDRESS<br><b>K.C. Mo.</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>10-9-61</b>   |
|   |   |   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |

all afternoon

**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 Alvin R. Hunscheld

Licensed Embalmer No. 4159  
P. O. Address H. E. Mc

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.