

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-019224

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 246

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 22 1962

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1 Mile West of Liberty Bridge Independence, Length of stay in 1b Unknown c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri River Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) 2917 SO. 53rd Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First ERVIN Middle JOHN Last MILLER	4. DATE OF DEATH (Found) MAY 15, 1962
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-15-1940	9. AGE (last birthday) 22	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY GENERAL CONSTRUCTION	11. BIRTHPLACE (City and state or country) CLARE COUNTY, MISHIGAN U.S.A.
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13a. FATHER'S NAME ELLSWORTH MILLER	13b. MOTHER'S MAIDEN NAME ESTA PRICE	14. NAME OF HUSBAND OR WIFE NONE
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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. UNKNOWN	17. INFORMANT Address Larry Miller, 2917 So. 53rd St. K.C., Ks.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Death by Drowning DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	INTERVAL BETWEEN ONSET AND DEATH
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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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Boat turned over in
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20c. TIME OF INJURY Hour a.m. p.m. 5:12 Month 5 Day 15 Year 62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River	20e. CITY, TOWN, OR LOCATION COUNTY STATE Havenorth, Kans
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alph of Owens Coroner	22b. ADDRESS 152 Union Station	22c. DATE SIGNED 5-16-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5-16-62	23c. NAME OF CEMETERY OR CREMATORY HILL CREST CEMETERY	23d. LOCATION (City, town, or county) (State) HARRISON, MICHIGAN
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24. FUNERAL DIRECTOR ADDRESS GEO. C. CARSON & SONS, INDEPENDENCE, MO.	25. DATE RECD. BY LOCAL REG. 5-16-62	26. REGISTRAR'S SIGNATURE Alba L. Craig
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VS 300 Rev. 4/59
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1962
SEP 18 1962

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.

Not Embalmed

Student _____
Signature of Student Embalmer

Signed Charles J. Tyb

Licensed Embalmer No. 4534

P. O. Address Liberty 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.