

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027257

3925 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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2 3198  
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4 1  
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7 1  
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9 95720  
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12 1255-2  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF E. Linville MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. <b>FILED AUG 13 1962</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jackson</b>		a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>69 Yrs</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4416 Cloon</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	5. SEX
First <b>EVA</b> Middle <b>MAE</b> Last <b>MILLER</b>		Month <b>July</b> Day <b>28</b> Year <b>1962</b>	<b>Female</b>
6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/17/1880</b>	9. AGE (last birthday) <b>82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Atchison Kansas</b>
13a. FATHER'S NAME <b>Lovelady</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Wilson</b>	14. NAME OF HUSBAND OR WIFE <b>Fred E Miller (Dec)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		17. INFORMANT <b>Mrs Ruth L. Michael Lake Letawana</b>	
IMMEDIATE CAUSE (a) <b>Vremia</b>		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) <b>Obstruction of L. Colon</b>		<b>4 days</b>	
DUE TO (c) <b>Repealed Plethoric Chronic</b>		<b>4 yrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Heart Disease. Sensibly</b>		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 _____ 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>July 27, 1962</u> to <u>July 28, 1962</u> and last saw her <u>alive</u> on <u>July 28, 1962</u> Death occurred at <u>2:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Arlene E. Linville D.O.</u> (Degree or title)		22b. ADDRESS <u>906 Grand K.C. Mo</u>	
22c. DATE SIGNED <u>7-29-62</u>		23. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/30/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	
24. FUNERAL DIRECTOR <u>Sheil Funeral Home Kansas City Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7-30-62</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

*Thomas R. Shul*

Licensed Embalmer No. 4954

P. O. Address K.P. 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.