

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2769-61-021388  
STATE FILE NUMBER

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

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF James H. Via

**FILED JUN 21 1961**

**1. PLACE OF DEATH**  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb 3 weeks  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hospital Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Jackson  
c. CITY OR TOWN Blue Springs -Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 201 North 17th street Reside on Farm Yes  No

**3. NAME OF DECEASED** First Middle Last  
Muriel E. Myler  
4. DATE OF DEATH Month Day Year  
June 1 1961

5. SEX Female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Oct 30 1895 9. AGE (last birthday) 65  
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY home 11. BIRTHPLACE (City and state or country) Blue Springs, Mo. 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME James L. Quinn 13b. MOTHER'S MAIDEN NAME May E Kern 14. NAME OF HUSBAND OR WIFE Floyd (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No none 16. SOCIAL SECURITY NO. none 17. INFORMANT Louise Myler Address 201 N 17th Blue Springs Mo

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cardiac & Respiratory Failure  
Pulmonary Embolus  
DUE TO (b) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Repair of Intestinal Obstruction: Diabetes  
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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 March 12 1961 to June 1 1961 and last saw her alive on June 1 1961  
Death occurred at 8:15 AM June 1 1961 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James H. Via, DO 22b. ADDRESS Blue Springs, Mo. 22c. DATE SIGNED 6/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE June 3 1961 23c. NAME OF CEMETERY OR CREMATORY Blue Springs Cem 23d. LOCATION (City, town, or county) (State) Blue Springs Mo

24. FUNERAL DIRECTOR ADDRESS Webb Funeral Home Blue Springs Mo 25. DATE RECD. BY LOCAL REG. 6-3-61 26. REGISTRAR'S SIGNATURE Ruth Long

