

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029490

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4034 STATE FILE NUMBER

AMENDED

FILED AUG 28 1961

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 51 yrs. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital | | d. STREET ADDRESS (If outside, give location) 807 E. 40th Street | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First ALVA Middle OSCAR Last MILLER | | | 4. DATE OF DEATH Month August Day 10 Year 1961 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-6-90 | 9. AGE (last birthday) 71 | IF UNDER 1 YEAR Months Days Hours Min. | 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) Genest Finisher | 10b. KIND OF BUSINESS OR INDUSTRY Construction Cement | 11. BIRTHPLACE (City and state or country) Fredonia, Kansas | 12. CITIZEN OF WHAT COUNTRY USA |
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| 13a. FATHER'S NAME John Miller | 13b. MOTHER'S MAIDEN NAME Laura Butner | 14. NAME OF HUSBAND OR WIFE Lena M. Miller |
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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) Yes WWI | 17. INFORMANT Address VA Hospital Records |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Cardiac failure | | |
| DUE TO (b) Pulmonary embolus | | |
| DUE TO (c) Arteriosclerotic heart disease | | |

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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 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.) |
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| 20c. TIME OF INJURY Hour <input type="checkbox"/> 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 |
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| 21. VA attended the deceased from July 28, 1961 to August 10, 1961 and was the cause of death |
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| Death occurred at 11:10 PM on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE ROBERT W. BROWN, M.D. | 22b. ADDRESS VA Hospital, Kansas City, Mo. | 22c. DATE SIGNED 8-11-61 |
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| 23a. BURIAL CREMATION, REMOVAL (Specify) Burial | 23b. DATE Aug. 14, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Butner Cemetery | 23d. LOCATION (City, town, or county) (State) Fredonia Kansas |
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| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons | ADDRESS 1331 Brush Creek Blvd. Kansas City, Mo | 25. DATE REGD. BY LOCAL REG. 8-14-61 | 26. REGISTRAR'S SIGNATURE Lueth Long |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 *Harold L. Eckman*

Licensed Embalmer No. 3035

P. O. Address *St. Louis*

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.