

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011195

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1532 STATE FILE NUMBER

FILED APR 2 1962

VS 300
Rev. 4/59

1

2 3678

3

4 0

5 1

6

7 0

8 2

9 191.3

10

11

12 67-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl D. Emma

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Length of stay in 1b <u>42 years</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S Hosp.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4512 Wornall Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>F.</u> Last <u>Miller</u>				4. DATE OF DEATH Month <u>MARCH</u> Day <u>16</u> Year <u>1962</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>CAUC.</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>NOV. 15-1885</u> 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. Southern Rail</u>		11. BIRTHPLACE (City and state or country) <u>Moberly, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Fristoe</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>MRS. Ruth Miller 4512 Wornall</u>	
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART-I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia - Bilat.</u> DUE TO (b) <u>Recurrent Squamous Cell CA Left Cheek</u> DUE TO (c) <u>Aug. 59</u> Conditions, if any, which gave rise to above cause (a), staying the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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	
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 _____ a.m. _____ 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 <u>8-6-59</u> to <u>3-16-62</u> and last saw her/him alive on <u>3-16-62</u> . 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) <u>Carl D. Emma M.D.</u>				22b. ADDRESS <u>Kansas City, Mo.</u>		22c. DATE SIGNED <u>March 16/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>MARCH 19, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
24. FUNERAL DIRECTOR <u>Muehlebach</u>		ADDRESS <u>6800 TROOST</u>		25. DATE RECD. BY LOCAL REG. <u>3-16-62</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

Dr Carl Emma

BA 1-8848

Argyle Bldg

now - 4:15 P.M.

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

Alfred N. Hammons

;

Student Embalmer No. 646

working under my personal supervision.

Student

Alfred N. Hammons
Signature of Student Embalmer

Signed

R. E. Nichols

Licensed Embalmer No.

4297

P. O. Address

k-e-m-d

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.