

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011530
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 156

FILED APR 3 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

17005
27005
3
4 0
5 1
6
7 2
8 1
9/81.0
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11
12 - 0
13 - 0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Length of stay in lb 9 days	c. CITY OR TOWN Independence
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 1817 Sterling Ave
3. NAME OF DECEASED (Type or print) First Milos Middle N. Last Mikulic		4. DATE OF DEATH Month March Day 22 Year 1962	
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 10-31-1883
9. AGE (last birthday) 78		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) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Indep. Mach. Co	11. BIRTHPLACE (City and state or country) Belgrade
12. CITIZEN OF WHAT COUNTRY Yugoslavia		13a. FATHER'S NAME Do not know	
13b. MOTHER'S MAIDEN NAME Do not know		14. NAME OF HUSBAND OR WIFE Frances T. Mikulic	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Boyourd M. Mikulic, 7408 Harrison		Address K. C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonic process chiefly edema		INTERVAL BETWEEN ONSET AND DEATH 9 days	
DUE TO (b) Fibrous obstruction of ureters		DUE TO (c) Carcinoma of the bladder wall	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) kidney destruction of complete left adrenal gland		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 checked="" type="checkbox"/> NO <input 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 Sept 1960 to Mar 22 62 and last saw her alive on Mar 22 1962 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) John Green MD		22b. ADDRESS 10901 W. 1st St	22c. DATE SIGNED 9-23-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-24-1962	23c. NAME OF CEMETERY OR CREMATORY Floral Hills, Inc	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels, Inc		25. DATE RECD. BY LOCAL REG. 3-23-62	26. REGISTRAR'S SIGNATURE Alba L. Craig

USE BLACK INK OR TYPEWRITER RIBBON

Hours: 12:00
158-2-3571
Dr. Robert Brown
Medical Examiner
Englewood

APR 4 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.

Student _____
Signature of Student Embalmer

Signed *C. M. Johnson*

Licensed Embalmer No. 3453

P. O. Address K. E. Kan.

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.

3 23-62