

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023273

3371

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

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

W. Robinson MEDICAL CERTIFICATION MD

1. PLACE OF DEATH JUL 16 1962
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
5823 PROSPECT AVENUE

3. NAME OF DECEASED (Type or print) First Middle Last
OTIS FRED MILES

4. DATE OF DEATH Month Day Year
JUNE 23 1962

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 2/17/96 9. AGE (last birthday) 66

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

13a. FATHER'S NAME ROSS M. MILES 13b. MOTHER'S MAIDEN NAME ACHSAH KENNEY 14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WORLD WAR I 17. INFORMANT Address 5742 PROSPECT AVE. KANSAS CITY, MO. RUBIN J. MILES

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma Lung
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)
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 a.m. p.m. Month, Day, Year

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 Apr. 62 to June 23 and last saw him alive on Apr. 12. Death occurred at 3:30 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Robinson MD 22b. ADDRESS 1320 W. Cornell 22c. DATE SIGNED 6-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JUNE 26, '62 23c. NAME OF CEMETERY OR CREMATOR MT. MORIAH CEMETERY 23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CR. KANSAS CITY, MO. 25. DATE RECD. BY LOCAL REG. 6-26-62 26. REGISTRAR'S SIGNATURE Ruth H. Long

USE BLACK INK OR TYPEWRITER RIBBON

M. Arnold V. Duvall
4320 Marshall Street
1.00-8:00 208

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 Louis Zwert

Licensed Embalmer No. 4096

P. O. Address K.C. 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.