MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027259

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3621

FILED AUG 2 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3	Oscar E. Miller	Oran E. Miller	7.25.62

BY AFFIDAVIT OF attending Physician DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH – a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 4 MONTHS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3905 VINEYARD ROAD — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: KANSAS b. COUNTY: CRAWFORD
c. CITY OR TOWN: GIRARD — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 315 WEST FOREST — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ~~ORAN~~ OSCAR — Middle: E. — Last: MILLER

4. DATE OF DEATH: Month: JULY — Day: 11 — Year: 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/28/'76
9. AGE (last birthday): 86 — 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): POST MASTER
10b. KIND OF BUSINESS OR INDUSTRY: GIRARD, KANSAS
11. BIRTHPLACE (City and state or country): TAYLORVILLE, ILL.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: HANISON MILLER
13b. MOTHER'S MAIDEN NAME: ELIZABETH HUDDLESON
14. NAME OF HUSBAND OR WIFE: MRS. OLGA MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 78
17. INFORMANT: MRS. OLGA MILLER — Address: 315 WEST FOREST GIRARD, KANSAS

18. CAUSE OF DEATH (Enter only one cause per line f

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart failure	2 yrs
DUE TO (b)	Artioscleotic Heart Disease	5 yrs
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 feb 1962, to present and last saw her/him alive on 3 June 1962
Death occurred at 3:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W Hardy M.D.
22b. ADDRESS: 1630 Prof. Bldg K.C. 6 Mo.
22c. DATE SIGNED: 7-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JULY 11, '62
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): GIRARD KANSAS

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CR. KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 7-11-62
26. REGISTRAR'S SIGNATURE: Ruth H Long

MEDICAL CERTIFICATION: John W. Hardy

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Louis Quest

Signature of Student Embalmer

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.