

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042807

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5645

**FILED NOV 16 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |                                       |   |   |
|---|---------------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                 | Length of stay in 1b<br><b>38 yrs</b> | c. CITY OR TOWN<br><b>Kansas City</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Research Hospital</b> |                                       | d. STREET ADDRESS (If outside, give location)<br><b>8404 Olive</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>James</b> Middle <b>W.</b> Last <b>Millett</b> | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>5</b> Year <b>1962</b> |
|--|---|

|                    |                               |   |                                     |                                     |  |  |
|--------------------|-------------------------------|---|-------------------------------------|-------------------------------------|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5-1-1881</b> | 9. AGE (last birthday)<br><b>81</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
|--------------------|-------------------------------|---|-------------------------------------|-------------------------------------|--|--|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ice man</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Ice Route</b> | 11. BIRTHPLACE (City and state or country)<br><b>Knob Noster, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|---|---|---|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><b>William F. Millett</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah J. Adams</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Essie Millett</b> |
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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)<br><b>No</b> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT<br><b>Bevel C. Millett, 8401 Olive, K. C. Mo.</b> |
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|  |                  |                                  |
|--|------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> |                  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) _____ |                                  |
|  | DUE TO (c) _____ |                                  |

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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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|   |                        |
|---|------------------------|
| 20c. TIME OF INJURY<br>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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                   |  |                                    |
|---|-------------------|--|------------------------------------|
| 22a. SIGNATURE<br><i>Hugh Owens Coroner</i> | (Degree or title) | 22b. ADDRESS<br><i>15 1/2 Main Station</i> | 22c. DATE SIGNED<br><i>11-6-62</i> |
|---|-------------------|--|------------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>11-7-1962</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Floral Hills</b> | 23d. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b> |
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|--|--|--|---|
| 24. FUNERAL DIRECTOR<br><b>Floral Hills Funeral Home</b> | ADDRESS<br><b>Blue Ridge &amp; Gregory</b> | 25. DATE RECD. BY LOCAL REG.<br><b>11-7-62</b> | 26. REGISTRAR'S SIGNATURE<br><i>Ruth Long</i> |
|--|--|--|---|

USE BLACK INK OR TYPEWRITER RIBBON

**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. Joiner*

Licensed Embalmer No. 3453

P. O. Address H. C. 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.