

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011794

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1619 STATE FILE NUMBER

FILED APR 1 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF James R. Mc Vay MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in 1b OR TOWN 35 Yrs.		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3218 Central	
3. NAME OF DECEASED (Type or print) First GRACE Middle E. Last MILETT		4. DATE OF DEATH Month March Day 10 Year 1963			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-1-1880	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME R. C. Crume		13b. MOTHER'S MAIDEN NAME Elizabeth Smith	
14. NAME OF HUSBAND OR WIFE Frank Milette		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Katherine Taylor		Address K. C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) carcinoma stomach (post op. resection)				INTERVAL BETWEEN ONSET AND DEATH 1 yr ±	
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. <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 <u>1/8/63</u> to <u>3/10/63</u> and last saw her/him alive on <u>3/9/63</u> Death occurred at <u>5:45 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22. SIGNATURE (Degree or title) <i>James R. McVay M.D.</i>		22b. ADDRESS 814 W.F.W. Bldg		22c. DATE SIGNED 3/11/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-12-63		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
23d. LOCATION (City, town, or county) Kansas City, Mo.		23e. DATE RECD. BY LOCAL REG. 3-12-63		23f. REGISTRAR'S SIGNATURE <i>Arthur Long</i>	
24. FUNERAL DIRECTOR Freeman Mortuary		ADDRESS Kansas City, Mo.			

USE BLACK INK OR TYPEWRITER RIBBON

J.R. McVARY
V.F.W. ^{1st} ^{Dist} ^{Albany}

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 *J.R. McVary*

Licensed Embalmer No. 2939
P. O. Address F.O. W/O.

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.