

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

-63-020222

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2970 STATE FILE NUMBER

**FILED JUN 7 1963**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>10 Days</b>	c. CITY OR TOWN <b>Shawnee Mission</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5316 Fairway Road</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Calvin</b> Middle <b>H</b> Last <b>Miller</b>			4. DATE OF DEATH Month <b>May</b> Day <b>22</b> Year <b>1963</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>2-8-1917</b>	9. AGE (last birthday) <b>46 Yrs</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Service Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Pitney Bowes</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Charles H. Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Byrle Hull</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Miss Cherry Miller</b> Address <b>New Cannon Conn. 56 Maple St.</b>
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Vascular Thrombosis -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>
DUE TO (b) <b>Arteriosclerotic vascular Disease</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
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19. WAS AUTOPSY PERFORMED? YES <input 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 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
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21. I attended the deceased from <b>1957</b> to <b>5-22-63</b> and last saw him alive on <b>5-22-63</b> Death occurred at <b>7:35 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>John B. Justus MD.</b> (Degree or title)	22b. ADDRESS <b>4620 Nichols Pkwy I.C.C. 410</b>	22c. DATE SIGNED <b>5-23-63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-24-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>
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24. FUNERAL DIRECTOR <b>Stine &amp; McClure Kansas City, Missouri</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-24-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Doy</b>
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DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	MEDICAL CERTIFICATION	DOCUMENT	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF
VS 300 Rev. 4/59						John B. Justus			
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USE BLACK INK OR TYPEWRITER RIBBON

*Dr. John B. Justice*  
*4620. Nevada Building*  
*Re 1-1500*  
*30 min*

RR-0

**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 *Richard L Powers*

Licensed Embalmer No. 5190

P. O. Address *Kansas City, 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.