

No. 300  
10-48

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2336

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 29

98  
1-5-49  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wright City Mo</u>	
c. LENGTH OF STAY (in this place) <u>1 Month</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St Joseph Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Bishop</u>	c. (Last) <u>Mills</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Feb I 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Sept 15 1871</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Warren Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. T. Mills</u>	13b. MOTHER'S MAIDEN NAME <u>T. Davis</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y.es, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>489-22-4662</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Mills</u>	ADDRESS <u>Wright City Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yr +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of descending colon.</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15-51</u>			

19a. DATE OF OPERATION <u>1-5-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of Descending Colon</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan, 1948, to Jan, 1949, that I last saw the deceased alive on Jan 31, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond A. Huger M.D.</u>	23b. ADDRESS <u>Wright City Mo.</u>	23c. DATE SIGNED <u>2-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/3/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-4-49</u>	REGISTRAR'S SIGNATURE <u>Fannie Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Neburg F+U Co</u>	ADDRESS <u>Wright City Mo</u>
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RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed FEB 14 1949

**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.

Signed.....  
Student Embalmer

Signed Julius J. Michalski  
Licensed Embalmer No. B 366  
P. O. Address Wright 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 this body is not embalmed, fact should be so stated above.