

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23534**
Registrar's No. **3055**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 5.3 yrs		d. STREET ADDRESS (If rural, give location) 709 E. 14 St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) Mattie	a. (First)	b. (Middle)	c. (Last) Mills	4. DATE OF DEATH (Month) (Day) (Year) 7 12 1949
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5. SEX Female	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid	8. DATE OF BIRTH 1871, Nov 18	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Theodore Conner	13b. MOTHER'S MAIDEN NAME Cynthia Whitcomb	14. NAME OF HUSBAND OR WIFE John F. Mills
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Harry Mills	ADDRESS 709 E. 14 St. N.C.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cirrhosis of liver	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5810	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 July 6, 1949, to July 12, 1949, that I last saw the deceased alive on July 12, 1949 and that death occurred at 9:20A.M., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart M.D. (Degree or title)	23b. ADDRESS Med. Dir. Gen'l Hosp.	23c. DATE SIGNED 7-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/15/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	24d. LOCATION (City, town, or county) (State) N.C. Mo.
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DATE REC'D BY LOCAL REG. 7-13-49	REGISTRAR'S SIGNATURE Seraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE John P. Suel	ADDRESS N.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Henry

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *John P. Heil*

Licensed Embalmer No. *3625*

P. O. Address *J. 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 this body is not embalmed, fact should be so stated above.