

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36608

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 189

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cass			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill		c. LENGTH OF STAY (In this place) 1 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill		
d. FULL NAME OF HOSPITAL OR INSTITUTION 217 N. Boardman			d. STREET ADDRESS (If rural, give location) 217 N. Boardman		

3. NAME OF DECEASED (Type or Print) a. (First) Emmett b. (Middle) Mills c. (Last) Mills			4. DATE OF DEATH (Month) (Day) (Year) Nov. 27 49		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 22 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crescent Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME William Mills	13b. MOTHER'S MAIDEN NAME Mary Atherton	14. NAME OF HUSBAND OR WIFE Maude Lentz Mills
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Hook Pleasant Hill, Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 yr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4221

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov 1948**, to **Nov 1949**, that I last saw the deceased alive on **Nov 26, 1949**, and that death occurred at **6:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Ernest Zander (Degree or title)	23b. ADDRESS Box 1 Pleasant Hill, Mo	23c. DATE SIGNED 11/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-29-49	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem	24d. LOCATION (City, town, or county) (State) Pleasant Hill, Mo
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DATE REC'D BY LOCAL REG. Nov 28, 1949	REGISTRAR'S SIGNATURE Laura J. Jones	51	25. FUNERAL DIRECTOR'S SIGNATURE Allen L. ... ADDRESS
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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..... *Glen H Hill*

Signed.....
Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *Pleasant Hill, Va*

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.