

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9493**
Registrar's No. **311**

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mount Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Sanatorium		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Mills			4. DATE OF DEATH (Month) (Day) (Year) April 4 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 10-9-95	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.S.

13a. FATHER'S NAME H. P. Mills		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 488-18-3567		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Ann Wilson, Record Clerk, Mt. Vernon, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis, Far Advanced.		Pulmonary Tuberculosis, Far Advanced.			About
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			21 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					003A

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-19-**, 19 **48**, to **4-4-**, 19 **50**, that I last saw the deceased alive on **4-4-**, 19 **50**, and that death occurred at **2:00 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. A. Brushner, M.D.		23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED 4-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/4/50		24c. NAME OF CEMETERY OR CREMATORY Van Buren, Mo.	
24d. LOCATION (City, town, or county) (State) Van Buren, Mo.		24e. NAME OF CEMETERY OR CREMATORY Van Buren, Mo.		24f. LOCATION (City, town, or county) (State) Van Buren, Mo.	

DATE REC'D BY LOCAL REG. 4-4-50		REGISTRAR'S SIGNATURE Cecil Hendricks		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Wood, Aurora, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 5 1950
District Health Office No. 6,
District File Number 450-402
Date Filed 4-5-50

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
Student Embalmer

Signed William Wood

Licensed Embalmer No. 4539

P. O. Address Aurora, 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.