

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 11 1950

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln 0570	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Hurrigan Township	
c. LENGTH OF STAY (in this place) 2 hours		d. STREET ADDRESS (If rural, give location) 5 mile east of Elsberry	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) REITA	b. (Middle) ANN	c. (Last) MILLS	4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1950
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 23, 1947	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	10b. KIND OF BUSINESS OR INDUSTRY child	11. BIRTHPLACE (State or foreign country) Louisiana, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ray E. Mills Jr.	13b. MOTHER'S MAIDEN NAME Bernice Suddarth	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ray E. Mills Jr. - Elsberry, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few hours # 88124 25
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture skull		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heavycharge DUE TO (c) Extreme shock		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Lincoln Pike Mo. 82
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 28 1950 1:30 p.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? by car (hit by car)
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22. I hereby certify that I attended the deceased from Sept 28, 1950, to Sept 29, 1950, that I last saw the deceased at 1:30 p.m., and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Bernice Collier, D. H. Suddarth	23b. ADDRESS Lincoln Pike Mo. 82	23c. DATE SIGNED 9-29-50
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24a. BURIAL-CREMATATION, REMOVAL (Specify) Burial	24b. DATE 9-30-50	24c. NAME OF CEMETERY OR CREMATORY Elsberry City Cem.	24d. LOCATION (City, town, or county) (State) Elsberry Missouri
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DATE REC'D BY LOCAL REG. Sept 30, 1950	REGISTRAR'S SIGNATURE Bernice Collier, 374	25. FUNERAL DIRECTOR'S SIGNATURE Garland	ADDRESS Elsberry, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 6 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-16
Date Filed: OCT 9 1950

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 _____

Licensed Embalmer No. 4012

P. O. Address _____

Elsherry, 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.