

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10142
State File No. 2778
Registrar's No.

FILED APR 9 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE: MISSOURI b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1922 So. 11th Street				d. STREET ADDRESS (If rural, give location) 1922 So. 11th Street					
3. NAME OF DECEASED (Type or Print) a. (First) ABEX b. (Middle) _____ c. (Last) MILLS			4. DATE OF DEATH MARCH 25-1951		5. SEX M		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m		8. DATE OF BIRTH 3-31-1876		9. AGE (in years last birthday) 74		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) FARMER			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) 1 Kentucky			12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Arch Mills			13b. MOTHER'S MAIDEN NAME Betty Wyatt			14. NAME OF HUSBAND OR WIFE Britany			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____			ADDRESS _____		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lactue hemorrhage ANTECEDENT CAUSES Carcinoma of stomach Abnormal 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.				INTERVAL BETWEEN ONSET AND DEATH 2 days 1 1/2 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 1518 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) _____		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 March 21, 1950 , to March 25, 1951 , that I last saw the deceased alive on March 24, 1951 , and that death occurred at 12 A m. , from the causes and on the date stated above.									
23a. SIGNATURE J. B. L... M.D. (Degree or title)				23b. ADDRESS 2026 Poplar		23c. DATE SIGNED 3/25/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-25-51		24c. NAME OF CEMETERY OR CREMATORY MAYFIELD		24d. LOCATION (City, town, or county) (State) Kentucky			
DATE REC'D BY LOCAL REG. MAR 28 1951		REGISTRAR'S SIGNATURE J. B. L...		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin ADDRESS 2301 Lafayette					

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

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 _____

L R Cooper

Licensed Embalmer No. *3633*

P. O. Address *St Louis 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.