

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26629**
Registrar's No. **714**

FILED AUG 27 1951

BIRTH NO. _____		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 714	
1. PLACE OF DEATH a. COUNTY Greene 0396			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield 0396		c. LENGTH OF STAY (In this place) 60 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1410 Boonville			d. STREET ADDRESS (If rural, give location) 1410 Boonville 0		
3. NAME OF DECEASED a. (First) Susie		b. (Middle) Mills		c. (Last) Nixon	
(Type or Print)				4. DATE OF DEATH (Month) (Day) (Year) August 20 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Divorced	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		8. DATE OF BIRTH June 10, 1872	
				9. AGE (In years last birthday) 79	
				11. BIRTHPLACE (State or foreign country) Greene Co., Missouri 0	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David 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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Leroy Looney, Springfield, Missouri	
(If yes, give war or dates of service)				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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably cerebral hemorrhage ANTECEDENT CAUSES 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.			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 331X 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 Deceased Deceased died from the causes and on the date stated above. the causes and on the date stated above. and that death occurred at 5:00A m., from the causes and on the date stated above.					
23a. SIGNATURE W E Handley M D		Local Registrar of Vital Statistics		23b. ADDRESS City Hall Springfield Mo 65701	
23c. DATE SIGNED _____		23d. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		23e. LOCATION (City, town, or county) (State) Springfield, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/23/51		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Springfield, Missouri		24e. DATE REC'D BY LOCAL REG. 8/22/51		REGISTRAR'S SIGNATURE W E Handley M D	
25. FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer		ADDRESS Springfield, Mo		13w _____	

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

UNATTENDED BY A PHYSICIAN

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 Embalmer No.....

Signed.....
Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield,

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.