.S. No. 300
Rev. 10.48

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

FILED AUG 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29258

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6159 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Stone 1040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Berryville Rural
c. LENGTH OF STAY (in this place) 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCullough Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Berryville Rural 1040
d. STREET ADDRESS (If rural, give location) North of Berryville 0

3. NAME OF DECEASED (Type or Print) a. (First) Barbara b. (Middle) c. (Last) Mills

4. DATE OF DEATH (Month) June (Day) 19, (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 11, 1875
9. AGE (In years last birthday) 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Christian Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert McGinnis
13b. MOTHER'S MAIDEN NAME Mauda Shipman
14. NAME OF HUSBAND OR WIFE Noah Mills

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. None
17. INFORMANT'S SIGNATURE OR NAME Noah Mills 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asthma Bronchial — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 241x
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1951, *to* June 19, 1951, *that I last saw the deceased alive on* June 8, 1951, *and that death occurred at* 4:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dr. Carl Donahue
23b. ADDRESS P. Green Forest, Ark
23c. DATE SIGNED 6-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 20, 1951
24c. NAME OF CEMETERY OR CREMATORY McCollough Cemetery
24d. LOCATION (City, town, or county) Stone Co. (State) Mo

DATE REC'D BY LOCAL REG. 6-20-51
REGISTRAR'S SIGNATURE Mrs J Elmer Brosseau 311
25. FUNERAL DIRECTOR'S SIGNATURE Nelson Funeral Home, Berryville, Ark ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 16 1951
Dist. File 851-1208
Date Filed 8-12-51

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 John E. Myers
Licensed Embalmer No. 3220
P. O. Address Bernerville, 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.