

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37462

State File No.

4808

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 30 yrs. | | d. STREET ADDRESS (If rural, give location) 2547 Troost Avenue | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2549 Troost Avenue | | e. STREET ADDRESS (If rural, give location) 2547 Troost Avenue | |

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|-------------------------------------|--------------------------|-----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Albert | b. (Middle) O. | c. (Last) MILLS | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1951 |
|-------------------------------------|--------------------------|-----------------------|------------------------|--|

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|--------------------|-------------------------------|--|--------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 4-12-1880 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|--------------------|-------------------------------|--|--------------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY Crown Drug Co. | 11. BIRTHPLACE (State or foreign country) Unionville, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Albert Mills | 13b. MOTHER'S MAIDEN NAME Ellen Shaw | 14. NAME OF HUSBAND OR WIFE Katherine E. Mills |
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| 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. 500-22-9481 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Katherine DeMarea, 120 E. Dartmouth |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | |
| | 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. Dist Heart Low O2 | | 4201 | |

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| 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) natural | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens, Coroner | 23b. ADDRESS 1034 Patton Blvd | 23c. DATE SIGNED 11-10-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11-12-51 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Unionville, Missouri |
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| DATE REC'D BY LOCAL REG. 11-10-51 | REGISTRAR'S SIGNATURE Sheraldine Holman | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar, Kansas City, Mo. |
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WRITE PLAINLY—USING UNFADING 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.....

Licensed Embalmer No. 5224

P. O. Address ICC

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.