

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3934

061
0

FILED MAR 10 1952

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City 0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton County Memorial Hospital		d. STREET ADDRESS (If rural, give location) 421 West 3rd St. 1	
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) A.	
c. (Last) MILLS		4. DATE OF DEATH (Month) (Day) (Year) March 2 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13 1885
9. AGE (In years last birthday) 66		10. UNDER 1 YEAR Months 11	11. UNDER 18 HRS. Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrical Engineer		11. BIRTHPLACE (State or foreign country) Sterling, Kansas	
12. CITIZENSHIP OF WHAT COUNTRY? US		13a. FATHER'S NAME Adam Mills	
13b. MOTHER'S MAIDEN NAME Caroline Hess		14. NAME OF HUSBAND OR WIFE Vada Mills	
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. 491 01 3623	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Vanda Mills		ADDRESS Webb City, Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. ANTECEDENT CAUSES Morbidity 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. History of angina on exertion.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Mar 2, 1952, to Mar 2, 1952, that I last saw the deceased alive on Mar 2, 1952, and that death occurred at 5:35 p. m., from the causes and on the date stated above.			
23a. SIGNATURE Fern T. Bickel, M.D. 0		23b. ADDRESS Lamar, Missouri	
23c. DATE SIGNED March 3, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE March 5 1952	
24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		24d. LOCATION (City, town, or county) (State) Carterville, Missouri	
DATE REC'D BY LOCAL REG. MAR 5 - 1952		REGISTRAR'S SIGNATURE Marie Konasty 1470	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Johnston-Arnce-Simpson Mortuary, Webb City, Mo.	

JAN 26 1954

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 ✓ *Harvey E. Lance*

Licensed Embalmer No. ✓ *4463*

P. O. Address ✓ *Webb City, 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.