

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13027

State File No. ....

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

FILED APR 19 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1441

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 5th St</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>1917 East 16th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1917 East 16th St</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>MILLS</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>1</u> <u>52</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>about 85</u>	10. UNDER 1 YEAR Days _____	11. UNDER 2 WKS. Hours _____	12. UNDER 24 HRS. Mins. _____
--------------------	-------------------------------	---	---------------------------------	---	--------------------------------	---------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>UNK. Platte County, Mo.?</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
---	--	---	--	---	--	--	--

13a. FATHER'S NAME <u>UNK.</u>		13b. MOTHER'S MAIDEN NAME <u>UNK.</u>		14. NAME OF HUSBAND OR WIFE <u>Eleanor Mills</u>			
--------------------------------	--	---------------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>		16. SOCIAL SECURITY NO. <u>unk.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Dudley 1917 E 16th St</u>			
--	--	-------------------------------------	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute Congestive Heart Failure</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------------	--	--	--	--	--	--	--

21a. ACCIDENT SUICIDE (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) (Min.) _____		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 2-28, 1952, to 3-1, 1952, that I last saw the deceased alive on 3-1, 1952, and that death occurred at 9:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Taft M.D.</u> (Degree or title)		23b. ADDRESS <u>2204 E. 18th St.</u>		23c. DATE SIGNED <u>3-3-52</u>	
---	--	--------------------------------------	--	--------------------------------	--

24a. BILIBAL CREMATION (REMOVAL) (Specify) _____		24b. DATE <u>4/2/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Platte County Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte City, Mo.</u>	
--	--	-------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>3-28-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brigham &amp; Jones 2300 E. 18th St.</u>	
---	--	---	--	---	--

BE 7055-

**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

*Lawrence A. Jones*

Licensed Embalmer No. *4429*

P. O. Address *2300 East 19th*

**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.**