

5. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23610

State File No.

FILED JUL 16 1952

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5709 Registrar's No. 40

3090
3

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

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CROOKED CREEK TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CROOKED CREEK TWP</u>	
c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR MARQUAND 0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BESSVILLE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BRENDA</u> b. (Middle) <u>KATHLEEN</u> c. (Last) <u>MILLS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-11-1952</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>8-7-1947</u>	9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>26</u> IF UNDER 4 HRS. Hours Min.
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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>—</u>	11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE W. MILLS</u>	13b. MOTHER'S MAIDEN NAME <u>LOLA W. TRENTHAM</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE W. MILLS</u> ADDRESS <u>MARQUAND, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cranial fracture, skull fracture instantly</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>E8120 25</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>509</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway 51 near home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Crooked Creek Township Bollinger Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 10, 1952 1:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Child was struck by a truck</u>
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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 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Myers, D.O.</u> (Degree or title)	23b. ADDRESS <u>Lutesville, Mo.</u>	23c. DATE SIGNED <u>July 15, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>07-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION LIGHT CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BOLLINGER CO. MO.</u>
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DATE REC'D BY LOCAL REG. <u>July 15 1952</u>	REGISTRAR'S SIGNATURE <u>Thelma Van Amburgh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS <u>LUTESVILLE</u>
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(Licensed Embalmer's Statement on Reverse Side)

MO

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 J. E. Graham.....

Licensed Embalmer No. 4010.....

P. O. Address Louisville, 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.