

No. 300  
10.48 FILED SEP 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32060

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Webb City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City, Mo.</u> <u>1492</u>	
c. LENGTH OF STAY (in this place) <u>45 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1223 W Nelson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1223 W. Nelson</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u>	b. (Middle) <u>Arthur</u>	c. (Last) <u>Mills</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 3, 1901</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 12 HRS. Days <u>7</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Foundry</u>	11. BIRTHPLACE (State or foreign country) <u>Enid, Oklo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Adam W. Mills</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Hess</u>	14. NAME OF HUSBAND OR WIFE <u>Ester Mills</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>331-09-9254</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ester Mills</u>	ADDRESS <u>Webb City, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	11. 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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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?
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22. I hereby certify that I attended the deceased from 4:30 PM 9/4, 1952, to 10:15 PM 9-10, 1952, that I last saw the deceased alive on 10:15 PM 9-9, 1952, and that death occurred at 6:15 P. m., from the causes and upon the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO</u>	23b. ADDRESS <u>Webb City, Mo.</u>	23c. DATE SIGNED <u>9/14/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 13 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park Joplin MO</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>9-13-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Johnston Arnce Simpson</u>	ADDRESS <u>Mortuary Webb City MO. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-15-52  
Jasper County Health Office

County File Number 52/9/722

Date Filed 9-15-52

1953 FEB 6

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, ~~\_\_\_\_\_~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *Harvey E. Amos*

Licensed Embalmer No. 4463

P. O. Address *Wade 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.