S. No. 300
v. 10.48

FILED JAN 7 · 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 42611

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 581

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**1. PLACE OF DEATH**
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 57 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 422 Park Street

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 422 Park Street

0495

**3. NAME OF DECEASED** (Type or Print)
a. (First): Bonnie
b. (Middle): Marie
c. (Last): MILLS

**4. DATE OF DEATH** (Month) (Day) (Year): Dec 27, 1952

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: June 27, 1895
**9. AGE** (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Sales Lady
**10b. KIND OF BUSINESS OR INDUSTRY**: Clothing Store
**11. BIRTHPLACE** (City and State or Foreign Country): Joplin, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: James F. Holt
**13b. MOTHER'S MAIDEN NAME**: L. McBride
**14. NAME OF HUSBAND OR WIFE**: Frank 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.**: 492 28 3075
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Frank Mills 422 Park Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Few Hours.

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.*: Previous myocardial infarction 2 years ago

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4201
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4-16, 1951, *to* 11-8, 1952, *that I last saw the deceased alive on* 11-8, 1952, *and that death occurred at* 10:00 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John W. Kortele, M.D.
**23b. ADDRESS**: Joplin, Mo.
**23c. DATE SIGNED**

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Dec 30, 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Ozark Memorial Park
**24d. LOCATION** (City, town, or county) (State): Joplin, Mo.

**DATE REC'D BY LOCAL REG.**: 1-3-53
**REGISTRAR'S SIGNATURE**: Ed S. James by Dolores Lampkins
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**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Thornhill-Dillon Mort Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-5-53
Jasper County Health Office
County File Number 53/1/18
Date Filed 1-6-53

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 Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin 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.