

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4515

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 21

030  
1

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie Liberty Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bernie	
c. LENGTH OF STAY (in this place) 70 yrs.		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-Rte. 1		d. STREET ADDRESS (If rural, give location) Rte. 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) FRANCIS	b. (Middle) MARION		c. (Last) MILLS		JAN. 8, 1953
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 9, 1871	9. AGE (In years last birthday) 81	10. IF UNDER 1 YEAR Days 3 Hours 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cobden, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Simeon Mills		13b. MOTHER'S MAIDEN NAME Angeline Boren		14. NAME OF HUSBAND OR WIFE Mary Florence 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Florence Mills, Bernie, Mo. R. 1	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUE TO (b) _____			7 wks
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 331X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 Nov. 15, 1952, to Jan. 7, 1953, that I last saw the deceased alive on Jan. 7, 1953, and that death occurred at 1:30 AM from the causes and on the date stated above.

23a. SIGNATURE F. O. Keller, M.D.		23b. ADDRESS Bernie, Mo.		23c. DATE SIGNED 1-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 10, 1953		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	
				24d. LOCATION (City, town, or county) (State) Campbell, Mo. Rte. 1	

DATE REC'D BY LOCAL REG. 1/16/53		REGISTRAR'S SIGNATURE Walter A. Jankowski 409		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, 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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.