No. 300 FILED JUL 2 - 1953
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20867

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5139 Registrar's No. 257

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Coon Island Twp.
c. LENGTH OF STAY (In this place): 58yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6miles east Neelyville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Coon Island Twp.
d. STREET ADDRESS (If rural, give location): 0120 D

3. NAME OF DECEASED (Type or Print)
a. (First): Stella
b. (Middle): May
c. (Last): Mills

4. DATE OF DEATH (Month) (Day) (Year): June 19 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct.4,1880
9. AGE (In years last birthday): 72 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Jasonville, Ind.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Frank Rodgers
13b. MOTHER'S MAIDEN NAME: Emma Shannon
14. NAME OF HUSBAND OR WIFE: E. Lorance 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: E.L. Mills Neelyville, 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — Undetermined
DUE TO (c) Advancing Age

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
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* July 14, 1952, *to* June 19, 1953, *that I last saw the deceased alive on* June 19, 1953, *and that death occurred at* 10:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Smith 2 Do
23b. ADDRESS: Neelyville, Mo.
23c. DATE SIGNED: 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/21/53
24c. NAME OF CEMETERY OR CREMATORY: Coon Island
24d. LOCATION (City, town, or county) (State): Butler Co. Mo.

DATE REC'D BY LOCAL REG.: 6/23/53
REGISTRAR'S SIGNATURE: R H Menefree 409
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gish Funeral Home Naylor, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
6/29/53
BUTLER CO. HEALTH CENTER
FILE No.

JUL 6 1983

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.