No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22544

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5988 Registrar's No. 36

860
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: PUTNAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-ELM TWP
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NOVINGER, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO
b. COUNTY: PUTNAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL-ELM TWP
d. STREET ADDRESS (If rural, give location): NOVINGER, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): FRANCES
c. (Last): MILLS

4. DATE OF DEATH (Month) (Day) (Year): June 5 1953

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Oct 3 1963
9. AGE (In years last birthday): 89 — If under 1 year: Months 8 Days 2 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homework
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): ADAIR CO NO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Aberanthy
13b. MOTHER'S MAIDEN NAME: DELILA BRADSHAW
14. NAME OF HUSBAND OR WIFE: Sterling R Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Omer Mills — Novinger Mo. ADDRESS

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): Cancer of Stomach — INTERVAL BETWEEN ONSET AND DEATH: Year

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1 SIX
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* May, 1952, *to* June 5, 1953, *that I last saw the deceased alive on* June 5, 1953, *and that death occurred at* 11.05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N W Gillam DO
23b. ADDRESS: Unionville MO
23c. DATE SIGNED: 6-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 6-7-53
24c. NAME OF CEMETERY OR CREMATORY: Cawford Cem
24d. LOCATION (City, town, or county) (State): Putnam Co MO

DATE REC'D BY LOCAL REG.: 6-12-53
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE: F.O. Hurstel
ADDRESS: Unionville MO

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.