No. 300
10.48

0

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

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35091

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1123

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph 0117 0
d. STREET ADDRESS (If rural, give location) 1216 Corby St.

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES b. (Middle) H. c. (Last) MILLS

4. DATE OF DEATH (Month) 10 (Day) 27 (Year) 1953

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH 6-14-1875 1876

9. AGE (In years last birthday) 78 | 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Hancock Co., Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andrew H. Mills

13b. MOTHER'S MAIDEN NAME Elizabeth Pemberton

14. NAME OF HUSBAND OR WIFE Unknown

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 Mary Ann Rose, 1216 Corby St. St. Joseph, 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) Cerebral Thrombosis — *INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

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 332X

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* 10-26, 1953, *to* 10-27, 1953, *that I last saw the deceased alive on* 10-27, 1953, *and that death occurred at* 3:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank H Zalert (Degree or title) O.M.D.

23b. ADDRESS Doctor's Bldg. St Joseph Mo

23c. DATE SIGNED 10-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 10-28-1953

24c. NAME OF CEMETERY OR CREMATORY Carthage Ill

24d. LOCATION (City, town, or county) Carthage, Ill. (State)

DATE REC'D BY LOCAL REG. Oct 29, 1953

REGISTRAR'S SIGNATURE Esther M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE John E. Kupp ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 1953

DEC 1 1953

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, ~~only~~ .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Allen C. Bazan

Licensed Embalmer No. 4495

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri } ss.
County of Buchanan }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 35092
Local Registrar's No. 1123

On this 28th day of November, 1953, before me appears Mary Ann Rose, who, upon her oath, states that the original record of birth/death for Charles H. Mills, born/died October 30, 1953, in the State of Missouri, and which was filed at St. Joseph Mo on Oct. 30, 1953, should be corrected as follows:

Item No. 8 should read June 14, 1876

Instead of June 14, 1875

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mary Ann Rose — Relationship: daughter

Present Address: 1216 Corby, St. Joseph, Mo.

Subscribed and sworn to before me this 28th day of November, 1953.

My Commission expires March 30, 1955 Julia L. Rupp Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
4-43
X36667