

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39636

State File No.

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5664 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL REDDISH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WILLIAMSTOWN</u>	
c. LENGTH OF STAY (In this place) <u>2 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXXXXXXX</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LENA</u>	b. (Middle)	c. (Last) <u>MILLS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 26, 1953</u>
-------------------------------------	------------------------	-------------	------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>8/12/1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR <u>3</u> Months <u>14</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
----------------------	-------------------------------	---	-----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXXXXXX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DEER RIDGE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	---

13a. FATHER'S NAME <u>JULIUS FALK</u>	13b. MOTHER'S MAIDEN NAME <u>ARABATA MAACK</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM MILLS</u>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XXXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RUDY FALK</u>	ADDRESS <u>WILLIAMSTOWN, MO.</u>
--	---	--	----------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		
	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	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) _____	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 22, 1953, to Nov 26, 1953, that I last saw the deceased alive on Nov 25, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. C.E. Todd</u>	23b. ADDRESS <u>WILLIAMSTOWN, MISSOURI</u>	23c. DATE SIGNED <u>Nov 28</u>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/28/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LA BELLE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LA BELLE, MISSOURI</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-1-53</u>	REGISTRAR'S SIGNATURE <u>P.W. Jennings M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. ...</u>	ADDRESS <u>Lewistown, Mo.</u>
---	---	--	-------------------------------

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

5660

0562
8

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 Charles L. Arnold, Sr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.