

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1836

State File No. ....

FILED FEB 1 1954

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>4252</u>		Registrar's No. <u>4</u>					
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerview, Missouri</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Centerview, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, Centerview, Mo.</u>				e. STREET ADDRESS <u>Centerview, Mo.</u>				0510			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>			b. (Middle) <u>Arthur</u>		c. (Last) <u>Mills,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14th. 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 12, 1879</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>74</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Black-smith</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Black-Smithing.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Arthur Mills,</u>			13b. MOTHER'S MAIDEN NAME <u>Aurelia Dunham</u>			14. NAME OF HUSBAND OR WIFE <u>Single</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Barnes, Warrensburg, Missouri.</u>				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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusions,</u>				INTERVAL BETWEEN ONSET AND DEATH			
				ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
				DUE TO (b) <u>probably one Day,</u>							
				DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>											
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			4201		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			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 <sup>saw</sup> attended the deceased from <u>Jan. 14, 1954</u> , to _____, 19____, that I last saw the deceased <u>die on 1-14-54</u> , 19____, and that death occurred at <u>1:00A</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Kelly Rawlins</u> , (Degree or title) <u>Coroner, M.D.</u>					23b. ADDRESS <u>Holden, Missouri.</u>			23c. DATE SIGNED <u>I-16-1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State)				
<u>Burial</u>		<u>I-17-54</u>		<u>Sunset Hill Cemetery,</u>			<u>Warrensburg, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Jan 19, 1954</u>		REGISTRAR'S SIGNATURE <u>Savannah</u>			147-17			25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger, Warrensburg, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JAN 25 1954  
JOHNSON COUNTY HEALTH DEPT.

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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No... 33

P. O. Address *Warrensburg*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.