

FILED FEB 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1930

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 13

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

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>La Belle</u>		c. CITY OR TOWN <u>La Belle</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>c560</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Mills</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 28, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 31, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Camp Point, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Western F. Mills</u>	13b. MOTHER'S MAIDEN NAME <u>Luby Martin</u>	14. NAME OF HUSBAND OR WIFE <u>Lovica Mills</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>-----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marguerite Mills</u> ADDRESS <u>La Belle, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> 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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 25, 1954, to Jan 28, 1954, that I last saw the deceased alive on Jan 28, 1954, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Coates M.D.</u> (Degree or title)	23b. ADDRESS <u>La Belle Mo</u>	23c. DATE SIGNED <u>1/28/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/30/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Belle, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-29-54</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>La Belle, Mo</u>
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E. L. (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 myself, Student Embalmer No. \_\_\_\_\_, working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Cloddy  
Licensed Embalmer No. 432  
P. O. Address LaBelle,

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.