No. 300
10.48

0190

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

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4097

State File No. 26545

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. 136

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pleasant Hill
c. LENGTH OF STAY (in this place) 13 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrisonville Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Cass
c. CITY OR TOWN Pleasant Hill
d. Is Residence within a city or incorporate Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 251 N. Boardman 0190

3. NAME OF DECEASED (Type or Print)
a. (First) Margret
b. (Middle) ~~Sloan~~
c. (Last) Mills

4. DATE OF DEATH (Month) (Day) (Year) 8-13-54

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH OCTOBER 25 1874
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 9 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Coleman Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Sloan
13b. MOTHER'S MAIDEN NAME MARY McCALLAHAN
14. NAME OF HUSBAND OR WIFE CHARLES G. 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 Carl Mills **ADDRESS** Pleasant Hill Mo

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) Mesenteric thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

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 4500
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* 8-12, 1954, *to* 8-13, 1954 *that I last saw the deceased alive on* 8-13, 1954, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Edwards Jones M.D. (Degree or title)
23b. ADDRESS Harrisonville, Mo
23c. DATE SIGNED 8-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-15-54
24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem
24d. LOCATION (City, town, or county) (State) Pleasant Hill Mo.

DATE REC'D BY LOCAL REG. Aug 15, 1954
REGISTRAR'S SIGNATURE Nora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE Allen Brownfield **ADDRESS** Pleasant Hill Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 23 1954
CASS COUNTY
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, [illegible] 3921, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James C Woero

Licensed Embalmer No. 39

P. O. Address Pleasant

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.