

No. 300
 10.48
 0942
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. 58474

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3061		Registrar's No. 4369	
1. PLACE OF DEATH a. COUNTY ST. FLAN COIS				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY ST. FLAN COIS			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Flat River		c. LENGTH OF STAY (in this place) 6 mo.		c. CITY OR TOWN Flat River		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 CUNNINGHAM NURSING HOME				e. STREET ADDRESS (If rural, give location) 0940			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) A.		c. (Last) MILLS		4. DATE OF DEATH (Month) (Day) (Year) NOV. 18, 1954	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH NOV. 8, 1864	
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 90	
11. BIRTHPLACE (City and State or Foreign Country) Hickman Co. Kentucky, U.S.A.		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME PAUL MILLS		13b. MOTHER'S MAIDEN NAME MARY HUTCHINSON MILLS	
14. NAME OF WIFE OR HUSBAND		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME George Mills, Farmington, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach				INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.		151X					
19a. DATE OF OPERATION Oct 2, 1954		19b. MAJOR FINDINGS OF OPERATION Mass in pylorus. Metastases to local nodes				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)			
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 Sept 19, 1954, to Nov 17, 1954, that I last saw the deceased alive on Nov 17, 1954, and that death occurred at 6:52 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Alvan G. Karstner M.D.				23b. ADDRESS Farmington Mo		23c. DATE SIGNED NOV 30 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE NOV 21, 1954		24c. NAME OF CEMETERY OR CREMATORY ZOLMAN CEM.		24d. LOCATION (City, town, or county) (State) Near Farmington, MO	
DATE REC'D BY LOCAL REG. Nov. 30, 1954		REGISTRAR'S SIGNATURE Catherine Rudloff		199 FUNDRAISER'S SIGNATURE Raymond Caldwell		ADDRESS Flat River, Mo	

(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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat Rwy*

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.