

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10780

State File No.

FILED MAR 22 1955

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 35		
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates				
b. CITY OR TOWN Nevada		c. LENGTH OF STAY (in this place) 8 Mo.		c. CITY OR TOWN Rich Hill		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Tate Nursing Home-812 N Washington				e. STREET ADDRESS (If rural, give location) 211 West Park Ave				
3. NAME OF DECEASED (Type or Print) a. (First) Laura Edith			b. (Middle) Mills		c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) March 11 1955								
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH OCT. 31, 1885		
9. AGE (In years last birthday) 69		10. MONTHS 4		11. DAYS 11		12. HOURS 11		
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) Pittsfield, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W.R. Willsey			13b. MOTHER'S MAIDEN NAME Mary Brown			14. NAME OF HUSBAND OR WIFE Frank W. Mills		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Frank W. Mills ADDRESS Rich 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerosis cv. R. disease 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.					INTERVAL BETWEEN ONSET AND DEATH _____	
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) _____				
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 15, 1954 to MAR 11, 1955 that I last saw the deceased alive on MAR 11, 1955 and that death occurred at 4:20 pm from the causes and on the date stated above.								
23a. SIGNATURE [Signature]			23b. ADDRESS Nevada Mo			23c. DATE SIGNED 3-12-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Mound Hope		24d. LOCATION (City, town, or county) (State) Independence Mo		
DATE RECD BY LOCAL REG. 3-14-1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Rich Hill Mo.				

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

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 *Robert J. Stember*.....

Licensed Embalmer No. *465*.....

P. O. Address *Butler, W.*.....

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.