

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15763

State File No.

FILED JUN 3 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 230 N. SCHIFFERDECKER		d. STREET ADDRESS (If rural, give location) 230 N. SCHIFFERDECKER AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) WESLEY	c. (Last) MILES	4. DATE OF DEATH (Month) (Day) (Year) MAY 17, 1955
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 16, 1880	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWSPAPER CARRIER	10b. KIND OF BUSINESS OR INDUSTRY JOPLIN GLOBE	11. BIRTHPLACE (State or foreign country) MINOOKA, PENN.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME HUGO MILLS	13b. MOTHER'S MAIDEN NAME KOUISE ?	14. NAME OF HUSBAND OR WIFE GERTRUDE MERRYWATER MILLS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS GERTRUDE MILLS, 230 N. SCHIFFER.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 17 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of the prostate gland.		
	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.			

19a. DATE OF OPERATION 12-18-53	19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of the prostate gland.	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)	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 12-5, 1953, to 5-17, 1955, that I last saw the deceased alive on April, 1955, and that death occurred at 3:40 Am., from the causes and on the date stated above.

23a. SIGNATURE B. E. Decker, Jr., M.D.	23b. ADDRESS 410 Jackson, Joplin, Missouri	23c. DATE SIGNED 5-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-20-55	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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DATE REC'D BY LOCAL REG. 5-24-55	REGISTRAR'S SIGNATURE Ed D. James	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 35-5-365
Date Filed MAY 3 1935

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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 this body is not embalmed, fact should be so stated above.