

FILED NOV 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33708

State File No. 179

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove		c. LENGTH OF STAY (in this place) 10 yrs	c. CITY OR TOWN Oak Grove
d. FULL NAME OF HOSPITAL OR INSTITUTION City		STREET ADDRESS (If rural, give location) City	

3. NAME OF DECEASED (Type or Print) a. (First) Sidney b. (Middle) A c. (Last) Mills	4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1955							
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 26 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 11 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lakefield Michigan		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Payson Mills	13b. MOTHER'S MAIDEN NAME Mazie B Vance	14. NAME OF HUSBAND OR WIFE Magie Mills
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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) No	16. SOCIAL SECURITY NO. 562 20 7136	17. INFORMANT'S SIGNATURE OR NAME Magie Mills	ADDRESS Oak Grove Mo
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis 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. 4201		INTERVAL BETWEEN ONSET AND DEATH 4 hrs
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **Oct-18, 1955**, and that death occurred at **11:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. W. Williams MD	23b. ADDRESS Oak Grove MO	23c. DATE SIGNED 10-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 20 55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove	24d. LOCATION (City, town, or county) (State) Oak Grove Mo
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DATE REC'D BY LOCAL REG. 10-20-55	REGISTRAR'S SIGNATURE N. B. Longstaff	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home	ADDRESS Oak Grove Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 28 1934

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. B. Webb*.....

Licensed Embalmer No. *230*.....

P. O. Addr. *Blue Spring*.....

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.