

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20634**

FILED JUN 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2285**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town or town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>31 YEARS</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>1122 E. 76th St.</b>		<b>3908</b>	

3. NAME OF DECEASED a. (First) <b>Lucy</b> b. (Middle) <b>Edythe</b> c. (Last) <b>Mills</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 22 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2-27-80</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sedalia, Missouri</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>FRANK DECHSLI</b>	13b. MOTHER'S MAIDEN NAME <b>BRAY</b>	14. NAME OF HUSBAND OR WIFE <b>Roy F. Mills</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. William C. Nelson</b>	ADDRESS <b>1125 E. 77th Terr. KCMO.</b>
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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, asthma, etc. *It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas</b>		<b>157X</b>
	ANTECEDENT CAUSES Morbidity 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. <b>Obstructive jaundice</b> <b>Hemorrhage from duodenal ulcer</b>		<b>6 wks</b> <b>6 wks</b>	

19a. DATE OF OPERATION <b>3-14-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Pancreas. No ulcer there</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE SUICIDE (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 <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 **June 1945** to **May 22, 1956**, that I last saw the deceased alive on **May 22, 1956**, and that death occurred at **11:30** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. L. Petty MD</b>	(Degree or title) <b>E. L. Petty</b>	23b. ADDRESS <b>701 E 63rd St Kansas City Mo</b>	23c. DATE SIGNED <b>5-23-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 24, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LAWRENCE KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>5-24-56</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcome</b>	ADDRESS <b>Lawrence, Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Albert L. Savage*.....

Licensed Embalmer No. *48*.....

P. O. Address *Kansas*.....

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.