

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23864
2059

FILED JUL 25 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City Mo</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		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 <u>St Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3815 Askew 25th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr Paul</u> b. (Middle) <u>E</u> c. (Last) <u>Mills</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 1956</u>		
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5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>9-20-1902</u>		9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Night Supervisor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Barber's Day</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe Co Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>William T Mills</u>			13b. MOTHER'S MAIDEN NAME <u>Rose Sims</u>			14. NAME OF HUSBAND OR WIFE <u>Mary T Mills</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-10-9632</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary T Mills 3815 Askew</u>							
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL THROMBOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis of basilar artery</u> 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 <u>332</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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?	

22. I hereby certify that I attended the deceased from July 3, 1956, to July 4, 1956, that I last saw the deceased alive on July 4, 1956, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jay J. Carduff, M.D.</u>			23b. ADDRESS <u>1220 E. 31st St</u>			23c. DATE SIGNED <u>7-6-56</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co Missouri</u>			
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DATE REC'D BY LOCAL REG. <u>7-6-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home</u>				
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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 *Russell N. France*

Licensed Embalmer No. *425*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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