

FILED SEP 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26640

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5458 Registrar's No. 79-B

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Walnut Grove</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Walnut Grove</u> <u>0390</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>EDWARD</u> Last <u>MILLS</u>		4. DATE OF DEATH Month <u>AUG</u> Day <u>30</u> Year <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT 10 - 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ROBBERTSON LIVESTOCK COMM. CO.</u>	9. AGE (In years last birthday) <u>79</u>
13. FATHER'S NAME <u>DAVID MILLS</u>		11. BIRTHPLACE (City and state or country) <u>GREENE Co. - MO.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
16. SOCIAL SECURITY NO. <u>486-34-3158</u>		14. MOTHER'S MAIDEN NAME <u>VIOLA (UNKNOWN)</u>	
17. INFORMANT <u>DOLLIE MILLS - WALNUT GROVE MO.</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ACUTE CARDIAC FAILURE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CORONARY THROMBOSIS</u> DUE TO (c) <u>HYPERTENSION</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>SENILITY</u>			INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u> <u>3 YRS</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>JAN 1, 1950</u> to <u>AUG. 30, 1956</u> and last saw her/him alive on <u>AUG. 29, 1956</u> Death occurred at <u>4:00 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. R. Davis D.O.</u>		22b. ADDRESS <u>WALNUT GROVE MO</u>	
		22c. DATE SIGNED <u>8/31/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>SEP 2 - 1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>WALNUT GROVE - MO</u>	
24. FUNERAL DIRECTOR <u>Brim - Daniel - Walnut Grove Mo. 9-4-56</u>		25. DATE RECD. BY LOCAL REG. <u>9-4-56</u>	
		26. REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	

---

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.....  
*George L. Sammis*

Licensed Embalmer No.....  
4

P. O. Address.....  
*Arch St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.