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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1957

State File No. 1784

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
d. STREET ADDRESS (If rural, give location): Rt.2

3. NAME OF DECEASED (Type or Print)
a. (First): Cecilia
b. (Middle):
c. (Last): Mills

4. DATE OF DEATH (Month) (Day) (Year): Jan.11, 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 31, 1896
9. AGE (In years last birthday): 60 — If under 1 year: Months: Days: If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lebanon, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Barney Brockling
13b. MOTHER'S MAIDEN NAME: Catherine Brennen
14. NAME OF HUSBAND OR WIFE: Frank Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 499-10-7425
17. INFORMANT'S SIGNATURE OR NAME: Frank Mills — **ADDRESS**: Lebanon, Mo.

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) Carcinoma of ovary — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

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: 175X

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7-30-56
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ovary & ascites + metastatic seeding of peritoneum.
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-26-, 1956, *to* 1-11-, 1957, *that I last saw the deceased alive on* 1-11-, 1957, *and that death occurred at* 830P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B B Hurst M.D.
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: 1-14-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 14, 1957
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Lebanon, Missouri

DATE REC'D BY LOCAL REG.: 1-14-1957
REGISTRAR'S SIGNATURE: Ella L. May
25. FUNERAL DIRECTOR'S SIGNATURE: A H Palmer
ADDRESS: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Received 1-21-57
Laclede County Health Unit
File No. 5
Date Filed 1-21-57

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 .....
Student Embalmer

Signed Stanley R Palmer
Licensed Embalmer No. 4810
P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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