

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
16798

FILED MAY 20 1957

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 450

Health,
Welfare
Public
Service

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 Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene ✓		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Campbell twnshp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Pond Creek twnshp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunshine Acres Rest Home		Length of stay in lb 4 months	d. STREET ADDRESS Rt. 7-Springfield,		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Lillie Alice Mills <small>First Middle Last</small>			4. DATE OF DEATH May 10, 1957 <small>Month Day Year</small>		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 6, 1882	9. AGE (In years last birthday) 74 <small>IF UNDER 1 YEAR IF UNDER 24 Hrs</small>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Thomas McSpadden			14. MOTHER'S MAIDEN NAME Mary Young		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Louis L. Mills-Rt. 2-Billings, Mo. <small>Address</small>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Complete Heart Block DUE TO (b) Stokes Adams Syndrome Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4330					INTERVAL BETWEEN ONSET AND DEATH over 4 hrs 48 hrs
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 Month, Day, Year 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 Springfield, Mo COUNTY STATE	
21. I attended the deceased from 5/8/57 to 5/10/57 and last saw her alive on 5/8/57 . Death occurred at 7:15p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE David H. Hall, MD (Degree or title)			21b. ADDRESS Springfield, Mo		21c. DATE SIGNED 5/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-12-57	22c. NAME OF CEMETERY OR CREMATORY Yeakley Cemetery		22d. LOCATION (City, town, or county) (State) Greene County, Missouri
24. FUNERAL DIRECTOR W. J. Harris ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 5-16-57		26. REGISTRAR'S SIGNATURE Faith Williams	

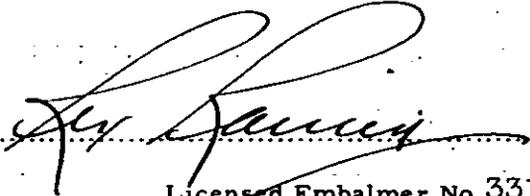
(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1957

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 
Licensed Embalmer No. 3312

P. O. Address ..Springfield

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.