

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31580

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 600

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General</u>			Length of stay in lb <u>DOA</u>		d. STREET ADDRESS (If outside, give location) <u>4115 Mission Rd.</u>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>Donovan</u> Last <u>Mills</u>				4. DATE OF DEATH Month <u>October</u> Day <u>20</u> Year <u>1957</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>Feb. 7, 1906</u>		9. AGE (In years last birthday) <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Photographer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Photo</u>		11. BIRTHPLACE (City and state or country) <u>Maysville, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Charles W. Mills</u>				14. MOTHER'S MAIDEN NAME <u>Laura I. Lawson</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Hazel Mills, Kansas City, Kansas</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>Auto-accident - Crashed flail left chest.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) _____								INTERVAL BETWEEN ONSET AND DEATH <u>same</u>	
20a. ACCIDENT <input checked="" 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.) <u>Auto-accident - Highway 35 (4 miles E of Clinton, Mo.) on bridge: Two car collision. Crashed left chest.</u>						
20c. TIME OF INJURY Hour <u>11:00 a.m.</u> Month, Day, Year <u>10-7-57</u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 35, 4 mi. E of Clinton</u>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Clinton</u>		COUNTY <u>Henry</u>		STATE <u>Mo</u>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on <u>10-7-57</u> Death occurred at <u>DOA</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>W.D. Bradshaw, M.D. (Coroner)</u>				22b. ADDRESS <u>Clinton, Mo.</u>				22c. DATE SIGNED <u>10-8-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 8, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Gates Funeral Home</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
24. FUNERAL DIRECTOR <u>Consalus Funeral Home, Clinton</u>				25. DATE RECD. BY LOCAL REG. <u>10-8-57</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
-56

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

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 *Eugene R. Cassal*.....

Licensed Embalmer No. *46*

P. O. Address *Clinton,*

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