

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **35156**

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 93

300
1-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Greenwood	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs, Mo		c. CITY OR TOWN Neal	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If outside, give location) 51st St	
3. NAME OF DECEASED (Type or print) First TOMMIE Middle C Last MILLS		4. DATE OF DEATH Month October Day 1 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH March 7, 1921
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	11. BIRTHPLACE (City and state or country) Bronson, Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Peanut Company	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel H. Mills		13b. MOTHER'S MAIDEN NAME Jessie Malloney	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 625 38 0227	17. INFORMANT ADDRESS VA Hospital records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic, pulmonary insufficiency with acute exacerbation			INTERVAL BETWEEN ONSET AND DEATH 34 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic, pulmonary emphysema			2 years
DUE TO (c) Respiratory acidosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5271			
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <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. Attended the deceased from September 30, 1957 to October 1, 1957 Death occurred at 11:03 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE S. C. STROFF		22b. ADDRESS Excelsior Springs, Mo.	
22c. DATE SIGNED 10-2-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 10-2-57		23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) Coronzo, Kansas		(State)	
24. FUNERAL DIRECTOR Richard Lunt Home Co. Inc. Mo		25. DATE RECD. BY LOCAL REG. 10-4-57	
26. REGISTRAR'S SIGNATURE Caroline Sulchings			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.



OCT 21 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 *Ralph Van Landingham*

Licensed Embalmer No. *4009*
P. O. Address *Shiloh, Mo.*

Note: The above ~~must be signed~~ **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.