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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 11 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006805
STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. 5997 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Wilson Tmp — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lemons — Length of stay in 1b: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Putnam
c. CITY OR TOWN rural-Wilson Tmo. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Lemons Mo — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Justin; Middle H.; Last Mills

4. DATE OF DEATH: Month Feb. Day 18 Year 1958

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 26. 1864
9. AGE (In years last birthday): 93
IF UNDER 1 YEAR: Months 4 Days 22 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Putnam Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Mills
14. MOTHER'S MAIDEN NAME: Sarah McAnally

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Joe Mills — Address: Lemons, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Degenerative myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Cystitis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Senility 605X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10-9-48 to 2-18-58 and last saw him alive on 2-18-58
Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. W. McDonald DO (Degree or title)
22b. ADDRESS: Glenwille, Mo.
22c. DATE SIGNED: 2-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify): B
23b. DATE: 2-20-58
23c. NAME OF CEMETERY OR CREMATORY: Lemoms Cem.
23d. LOCATION (City, town, or county) (State): Lemons, Mo.

24. FUNERAL DIRECTOR — ADDRESS: F.O. Husted & Son-Unionville, Mo.
25. DATE RECD. BY LOCAL REG.: 3-8-58
26. REGISTRAR'S SIGNATURE: Marvell Durbin

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....F O Husted.....

Licensed Embalmer No. 29..

P. O. Address Union

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