FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012029
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2601

1. PLACE OF DEATH a. COUNTY Missouri Pacific Hospital Association
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Pacific Employees Hosp. Association — Length of stay in 1b 40
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY
c. CITY OR TOWN Alton 812 0 9 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2743 Hillcrest Ave — Reside on Farm Yes ☐ No ☑ 32

3. NAME OF DECEASED (Type or print) First Log Middle Burwell Last Mills
4. DATE OF DEATH Month March Day 3 Year 1958
5. SEX M.
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑
8. DATE OF BIRTH October 21/901
9. AGE (In years last birthday) Fifty six — 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) Clerk railroad
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Hannibal Mo
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joseph Mills
14. MOTHER'S MAIDEN NAME Florence Wilson
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. 327-07-7205
17. INFORMANT Mrs Frances McOwan Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic Coma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Diabetes Mellitus
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
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

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
260 x
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 March 2 1958, to March 3 1958 and last saw her/him alive on March 3 1958. Death occurred at 12:15 A.M. March 3/58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) M.D.
22b. ADDRESS Mr Pac hosp
22c. DATE SIGNED 3-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 3-5-58
23c. NAME OF CEMETERY OR CREMATORY Cameron City
23d. LOCATION (City, town, or county) (State) Cameron Ill

24. FUNERAL DIRECTOR [signature] ADDRESS 603 Henry Alton Ill
25. DATE RECD. BY LOCAL REG. MAR 4 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Carson Quinn.....

Licensed Embalmer No..57

P. O. Address Alton Il

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.