

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013611
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 48

300
1-57
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1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u> <u>0000</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SMITHVILLE</u>		c. CITY OR TOWN <u>SMITHVILLE, MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SMITHVILLE COM. HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>SMITHVILLE, MO.</u>	
3. NAME OF DECEASED First Middle Last <u>ROY L. MILLIS</u>			4. DATE OF DEATH Month Day Year <u>APR. 21, 1958</u>
5. SEX <u>MALE</u> <u>0</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>JAN. 18, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURATEUR & PICTURE SHOW OPER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INDUSTRY</u>	11. BIRTHPLACE (City and state or country) <u>LIBERTY, MO.</u> <u>0</u>
13a. FATHER'S NAME <u>HENRY A. MILLIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SMITH</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</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>5271</u>	17. INFORMANT Address <u>MRS. R. L. MILLIS, SMITHVILLE, MO.</u>
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>Cardiac Arrhythmia</u> DUE TO (b) <u>Old Pulmonary</u> DUE TO (c) <u>Pulmonary Emphysema & Fibrosis</u> 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>5271</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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. I attended the deceased from <u>APR. 17, '58</u> to <u>APR. 21, '58</u> and last saw her/him alive on <u>Apr. 21, 1958</u> Death occurred at <u>APR. 21, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Samuel P. ...</u>		22b. ADDRESS <u>SMITHVILLE, MO.</u>	22c. DATE SIGNED <u>4-22-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-23-'58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.C.F. CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SMITHVILLE, MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>McCOMAS FUNERAL HOME, SMITHVILLE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>4-23-58</u>	26. REGISTRAR'S SIGNATURE <u>Marquette Judgens</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 13 1958

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 *Donald W. Hawks*

Licensed Embalmer No. *4528*
P. O. Address *Smithville, Mo.*

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.