

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021598

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 677-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bois D'Arc</u> 6390 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> Length of stay in lb <u>11 days</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>RUHAMA</u> Middle <u>B.</u> Last <u>MILLS</u>			4. DATE OF DEATH Month <u>6</u> Day <u>30</u> Year <u>58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 26 - 1873</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Halttown, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Nicholas Hendrix</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah White</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased James Abija Mills</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>none</u>		17. INFORMANT Address <u>Springfield, Missouri</u> <u>Wilma Murrell - 900 Prauche</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>Myocardial Infarction, acute, coronary -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour ?</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerosis</u>		4201F		
	DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture neck of femur, left, 18 June 1958.</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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>Fell at home</u>			
20c. TIME OF INJURY Hour <u>6 p.m.</u> Month, Day, Year <u>JUNE 19, 1958, Bois D'Arc, Mo</u>					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Springfield</u> COUNTY <u>Greene</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>June 19, 1958</u> , to <u>June 30, 1958</u> and last saw ^{her} him alive on <u>June 30, 1958</u> Death occurred at <u>St. John's Hospital</u> , <u>3:45 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Effie G. Melton</u> (Degree or title)			22b. ADDRESS <u>Springfield Mo</u>		22c. DATE SIGNED <u>6/30/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-2-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Prospect Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bois D'Arc - Missouri</u>				
24. FUNERAL DIRECTOR <u>Boni - Laurel - Ash Grove - Mo.</u>			ADDRESS <u>7-9-58</u>		25. DATE RECD. BY LOCAL REG.			26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Boyle L. Samuel*

Licensed Embalmer No. *4702*

P. O. Address *Adel Hon - W*

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.